WORKING WITH THE FAMILY

A Training Program

for

Front-Line Protection Staff

and

Supervisors

of

Children's Aid Societies

in the

Province of Ontario

Prepared for: Ministry of Community and Social Services

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TRAINING MANUALS IN THIS SERIES

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FOREWARD

This training manual, Working With The Family, Volume 6, is one of the training programs developed for Children's Aid Society professional staff by the Ministry of Community and Social Services during the past three years. It is one of three specialized subject areas, and builds on the basic programs, the Front-Line Protection Staff Training Program and the Supervisors' Program, which have been offered throughout Ontario to Children's Aid Society professional staff. The other two specialized areas are Working With Adolescents and Sexual Abuse, Volumes 5 and 7 respectively. Confirmation of the need for both the basic and specialized training programs is to be found in the enthusiastic and overwhelming response from the Children's Aid Societies.

This excellent manual and training program were developed by the Dellcrest Resource Centre, principally by Dr. Bill Eull. He will also be conducting the four day training sessions throughout Ontario in the first half of 1982. While the primary focus of this manual is the <u>family</u> it is always the <u>child</u> who is the prime client, whether or not the child is currently with a family. Both the theoretical and practical content of the manual are directly applicable to the ongoing day to day responsibilities of the Children's Aid Societies. It is expected that this program will assist those professional staff of the Societies who are involved in such a profound and meangingful way with the lives of children and their families.

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SECTION 1

THE FAMILY AS A UNIT

WHAT WE CAN LEARN FROM THEORY

The protection worker's job is a complex one: a family containing an allegedly abused child must be investigated to determine if the child is indeed at risk, if the risk is too great to allow the child to remain at home, if the removal would do more damage than it would prevent ... if ..., if ..., if ...

While removing the child might solve the problem of risk for the moment, the protection worker still must determine what else must be done for the family and for the child. Decisions about support, treatment, alternative living arrangements must be made.

It is well recognized that one cannot make such profound interventions in a child's life without affecting the child's future adjustment. It is also now well understood that the most effective "treatment" in such circumstances engages the family, in some way, in the process.

But just what is meant by "engaging the family" and "the process"?

To give full consideration to this question, it is necessary to start with a look at some theoretical material. The fact is that family life is incredibly complex. Far more so than can be comprehended in a single observation. Consequently, observers of the family have had to find ways to make what they were observing meaningful.

Consider, for example, this cartoon:

Let us assume that this is a photograph. What can we say about the people? All we have is one moment's worth of data, and yet we "know" a great deal. While we are certainly at risk of misinterpreting what we see because of our own projections, nonetheless, we can begin to make guesses about what it might be like to be a part of this grouping.

The photograph contains only raw data. Individuals, holding spoons, sitting around a table and looking at boxes. We can get a little bit further from the raw data by making some assumptions: they are a family, they're eating, probably breakfast, and this is a regular routine for them to be reading as they eat.

The joke may be in the silliness of the idea that a manufacturer could be so efficient as to provide up-to-the-minute news and one's preferred cereal in the same package. But the fact is that, depending on one's point of view, one could make many statements about the family portrayed here. To do so would require that we step away from the raw data and into the realm of inference. And what we infer will, to a large extent, be influenced by how we think.

Theory is useful to the protection worker for at least two reasons. First, it provides a way of making sense out of a complex array of information. It gives the worker a chance to choose, from all the pieces of information, the relatively few elements that are significant and that will help to understand the whole. The problem of being distracted by the irrelevant is reduced.

Second, by approaching a complicated phenomenon with appropriate and well-understood theory, the worker is able to be somewhat detached from the event. A family can be very skillful and powerful at drawing an outsider into its own point of view. They do this to minimize the danger of the outsider upsetting the family's delicate balance. By holding to a framework, it is possible for the worker to know what to look for and where to look, while remaining somewhat unaffected themselves. There is a danger of ignoring important data because it does not fit the theory. Nevertheless, since a family in action can produce far more information per moment than any one person can keep track of, the worker has little choice but to find sensible frameworks to help reduce the complexity.

There is a great deal of family therapy literature available. An excellent overview of the development of theory in the area of family therapy is contained in the article by Goldenberg & Goldenberg (see Appendix A). Some of the ideas generated in the literature will be of vital importance to us as we study the processes and develop the practices we will need for working with the family as a unit.

BASIC CONCEPTS FOR UNDERSTANDING THE FAMILY

We will need to understand the following basic concepts:

i) The family is a system
ii) The family system performs functions
iii) The system develops patterns of behaviour
iv) The family strives for equilibrium

SECTION 2

THE FAMILY AS A SYSTEM

In trying to understand why individuals behave in the family as they do, theorists come to recognize that the behaviour of one member of a family was highly influenced by the behaviour of other members. In fact, they began to recognize that all behaviours in a family were systematically related to one another. The word "system" was borrowed from another field altogether and applied to the process that was seen in the family.

A system can be described as a set of parts that meet two conditions:

a) the parts are related to one another such that any change in one of parts will have some effect on the others and

2) each part is related to one or more of the other parts in a reasonably stable way during any particular period of time.

This concept is especially useful in application to families because it permits us to look beyond the individual in trying to explain the individual's behaviour. For instance, if Pete, aged 10, is stealing, we can try to understand it simply in terms of Pete's own motives, impulses, etc. We can look beyond Pete himself to understand his behaviour as an expression of his family system. And, more importantly, if we can figure out just how Pete's behaviour is systematically related to the other parts of the family, we might try to change Pete's behaviour, not by changing Pete, but by changing some other aspect of the family. Pete's father, for example, may ignore Pete except when he is in trouble. Pete, in order to get his father's attention, steals from either his mother's purse or from the local stores, even though he knows he will be severely punished. One way to stop the thefts would be to encourage the father to spend more time with his son, thus fulfilling Pete's real need.

To understand the organization of a family, there are two key concepts:

1. Subsystems
2. Boundaries

1. Subsystems

It is useful to think of parts of the family as organized to perform certain functions. For instance, one can speak of the parent subsystem, or the spouse subsystem, or the sibling subsystem, or the child subsystem. The difference, for instance, between the parent subsystem and the spouse subsystem, even though both could contain

the same people, is that the one refers to the functions associated with being parent in this particular family and the ways they are organized to do the parenting. The other refers to functions of being a spouse and the ways they are organized to accomplish spousal functions.

While this distinction might seem simplistic, it becomes useful to the family worker in helping to sort out the unique qualities that every family has. For example, in the Smith family, there are two adults: Mr. Smith and his wife who has a mother, a former husband and two children from the former marriage. In this system, the spousal subsystem is composed of Mr. and Mrs. Smith and includes their style of organizing their family in such a way as to permit them to fulfill their spousal functions with respect to one another.

The parenting subsystem, in this particular family, as it happens is made up of Mrs. Smith and her mother. Only they engage in parenting functions. Neither Mr. Smith nor the children's father perform in this capacity. In assessing such an arrangement, the protection worker need not be concerned with how conventional the arrangement might be. Rather, the more important criterion is how effective is this arrangement in meeting the family's overall needs.

2. Boundaries

Defining subsystems suggests that any family member participates only in some of the subsystems and not in others. Families, however, can differ in:

a) how people get assigned to specific subsystems
b) how easily members can move from one subsystem to another, and
c) how much disruption occurs because of lack of clarity in the distinctions between subsystems.

As a general rule, the clearer the distinctions between subsystems in a family, the more effective is the family functioning. Take for example, the parenting subsystem described for the Smith's above. The Smith's could function very well with the arrangement as described. Such a system could be expected to produce problems though if the former husband and biological father of the children refused to accept the arrangements and successfully entered into an alliance with one of the children. This child would be in a conflict situation which could produce symptomatic behaviour. Similarly, problems could occur if the new spouse, Mr. Smith, began to take on parenting functions and the mother-grandmother parenting subsystem failed to either accept him as a parent or stop him. This lack of clarity could be expected to produce problems, until a new arrangement was made either allowing or disallowing his parenting involvement.

Boundary problems can occur either because the boundaries are too rigidly closed or are too easily crossed. For example, parents

frequently fail to recognize that the older child has outgrown the way he is being treated in the family. Entering adolescence, he continues to be viewed as one of the children. This would suggest that the parents are maintaining an excessively rigid boundary around the child subsystem which prohibits growth in a family member. The child might complain and rebel but symptomatic behaviour can be expected.

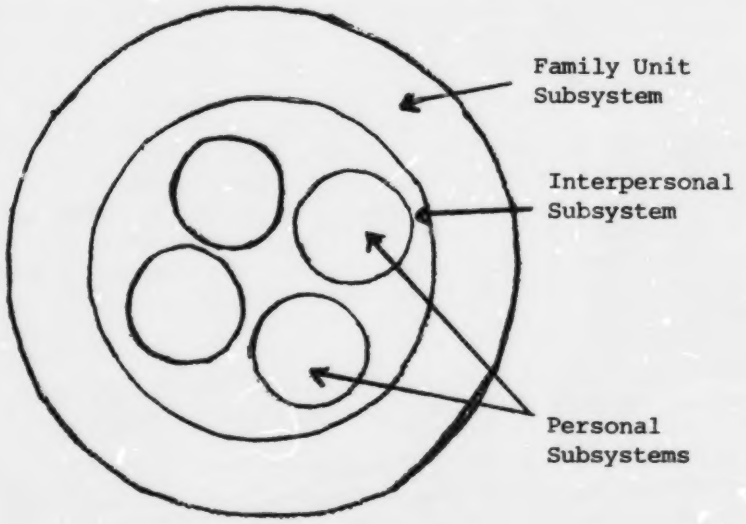
By the same token, subsystem boundaries can be too loose and ill-defined. Consider the single parent family in which the mother regularly brings a new man home and demands that the children regard him as parent. Or, consider the single parent family in which the parent periodically functions at such a low level, (either because of impairment, emotional disturbance or intellectual limitations) that the children move in and out of parenting roles.

TYPES OF SUBSYSTEMS

Kantor and Lehr* (1977) describe three subsystems that interact with each other as well as the world outside:

- The Family-Unit Subsystem
- The Interpersonal Subsystem
- The Personal Subsystem

These systems relate to the kinds of space that the family occupies. These "spaces" fall one within the other to form a set of concentric circles, as presented below.



*Adopted from Kantor, D. and Lehr, W., Inside the Family, San Francisco; Jossey-Bass Pub.; 1977.

SUBSYSTEM INTERACTIONS

Guidelines and specific strategies emerge within the family subsystems for interactions among its members and with members of other systems.

For instance, when a visitor arrives, a "boundary decision" is made to admit him to the family social space. Entering the social space perimeter does not mean that the inner working of the family are accessible to the outsider. For example, insurance agents, or social workers might be allowed to enter the outer circle. However, if such official visitors, sought access to the family's interpersonal system, they would find that this may be considerably more difficult to cross. Any attempts to penetrate the interpersonal barrier could place considerable stress on the family. Consequently, a protection worker could expect some form of resistance to any demand that the family permit access to its inner workings.

Stress may be found within the system, as well. There might be disagreement about who should be permitted entry or about how far in they should be allowed. For instance, it may be OK with everybody that "the stranger" be invited inside but they may not all agree to talk about personal things, like how much money is earned or how they make love. Negotiation of boundary penetration may involve all members. There will even be some negotiation before anyone is "permitted" to leave the family system. For example, while the deserting parent might be long gone, the family still must decide whether or not he is still to be considered as one of the family.

The negotiation itself engages members in some interesting role problems. Everyone who enters the family's social space can form relationships with family members, but these relationships will be more casual and less intimate than relationships formed in the family's interpersonal subsystem.

Anyone approaching the family system from outside cannot be sure at first, if the family member he is speaking to is speaking as a representative of the family's system. ("It's nice to see you" may mean "Our family approves of your visiting here"); or ("It's nice to see you may mean "The family considers you an important part of our system"), or ("It's nice to see you" may mean "I like you and I enjoy your company").

It is easy to imagine how any confusion about this could produce amusing situations, as TV sitcom episodes continue to prove.

The protection worker is more likely to get confusing negative messages: "We don't want you here" can be said by a person who is actually feeling "I am glad you're here because now I feel safer". Loyalty may require that the first message be given and family members usually behave loyally despite their own feelings.

Family members will have their ways of "negotiating" who gains entrance and out of these will develop the family's strategies for drawing up each subsystem's boundaries and goals. An implication of this process, according to Kantor and Lehr, is that "the concepts of subsystems and their boundaries offer family analysts a working framework for discovering all of a family's aims and goals".

Family difficulties occur often because families choose to pursue the goals of one subsystem and, as a consequence, sacrifice those of another subsystem. We will explore some effects of this type of dilemma later. The important fact to remember when dealing with family systems is that, despite the fact that the family has chosen to pursue goals that sacrifice the welfare of one or some of its members, the family must not be viewed as evil or deliberately destructive. A better way of viewing any family in trouble is that they are "stuck" at the moment, and can't find a better solution to their stresses. If they could find a better solution, they would take it.

This may sound like an old joke, "if we had any eggs, we could have ham and eggs, if we had any ham". But in the case of families, a solution and the willingness to try it, (the ham and the eggs) do exist. Your job can be thought of as one of trying to encourage the family to be willing to join with you in seeking solutions.

Now we should turn attention to the individual in the system. Each individual belongs to different subsystems, in which he has different levels of power and where he learns different skills. A man can be son, nephew, older brother, husband, father, and so on. In different subsystems he enters into different complementary relationships. These relationships can enable each member to grow and contribute to the family's development, but on the other hand, they may be sources of conflict, stress, and dysfunction.

Let us now look at the four crucial subsystems to which individual's belong and their functions in the family system:

1. The Spouse Subsystem
2. The Parental Subsystem
3. The Sibling Subsystem
4. The Extended Family

1. <u>The Spouse Subsystem</u>

The spouse subsystem is formed when two adults join with the express purpose of establishing a unit. They may or may not be married. Indeed, they may not even be a heterosexual pair. For that matter, they may not even be joined in a sexual union. But they will be together by agreement of some sort. These are the broad functions they must accomplish.

Functions:

a) Providing refuge from external stresses, a haven for emotional support;

b) Creating a base from which contact with other social systems can be made;

c) Fostering learning, creativity, and growth through mutual adaptations.

These functions can be accomplished in many ways. As we noted before, not all functions will be met simultaneously. They may, from time to time, compete with one another and with other functions that a particular group might have.

Malfunctions:

a) Activating each other's negative aspects.

b) Establishing dependent-proctector patterns, in which the dependent member stifles personal growth so as to protect the partner's feelings of being the protector.

c) Insisting on improving or saving the partner, and by this process disqualifying him.

d) Constructing rigid boundaries around their subsystem, thereby isolating them from contact with needed others.

e) Constructing loose boundaries, thereby allowing meddling and intrusion from other subgroups.

2. The Parental Subsystem

The parental subsystem begins with the advent of the first child. The spouse subsystem must now also perform the tasks of socializing a child without losing the mutual support that should characterize the spouse subsystem. A boundary must be drawn which allows the child access to both parents while excluding him from some spouse functions.

Functions:

a) Understanding children's developmental needs and provide appropriate nurturance.

b) Providing appropriate levels of autonomy and guidance throughout the growth process.

c) Setting rules of conduct and helping the child understand the rationale for their imposition.

d) Monitoring and interpreting the external socializing forces such as peers and school.

e) Providing a social training laboratory where parents and children learn to accept the fact that the use of authority is a necessary ingredient for the parental subsystem and it may be used in other executive systems.

Malfunctions:

a) Not making a satisfactory transition from a group of two to the interactions of a group of more than two.

b) Drawing the child into the problems of the spouse subsystem.

c) Not coping with external stresses on the subsystem.

d) Not coping with the changing needs of the child. For example, as a child reaches adolescence the parental control and guidance must evolve to providing less dependency nurturing, and allowing more independence and experimentation.

3. The Sibling Subsystem

Much of our experience and reading centres on the workings of the marital subsystem and the parent-child relationship. However, the sibling subsystem is of particular interest to the protection worker. Very often, one encounters the problem of having to break up the sibling subsystem despite the fact that there is no major malfunctioning within the sibling group. Indeed, there are connections between siblings which, while quite independent of the parental subsystem, serve vital functions in the growth and development of the children involved.

Functions:

a) Providing identification, the "glue" of the sibling relationship. One sibling, usually older, serves as a model, aiding the other(s) in self-definition.

b) Providing differentiation, the other side of the identification coin. They will come to see aspects of their own uniqueness by contrasting self with siblings. This must occur to ensure the individuality and separateness of one sibling from another.

c) Offering Mutual Regulation. Siblings serve as sounding boards for one another; they provide a safe laboratory for experimenting with new behaviour where new roles are tried on, criticized on, encouraged, before being used either with parents or non-family peers.

*Adopted from an article by Stephen Bank and Michael D. Kahn, Sisterhood-Brotherhood is powerful: sibling subsystems and family therapy. Family Process, 1975, 14, p. 311-337.

d) Giving Direct Services. Both within the family and outside, siblings perform valuable, tangible services for each other. They teach each other skills, lend each other money, manipulate powerful friendship rewards for one another, serve as controllers of resources, and act as buffers for each other, interposing themselves between their sibling and the outside world.

There exists another group of functions, which, like the former group, are independent of the family system, yet are specifically related to dealing with the parents. One sibling can benefit or harm another simply by the way in which their relationship with the parent(s) is managed.

a) Balancing the Power of the Parents. In the delicate set of family checks and balances, siblings can protect one another from parental "abuse of power". They also can effectively neutralize parental power by ganging up on or otherwise disqualifying the person(s).

b) Joining in a Coalition Against the Parents. Siblings together can negotiate with more strength against the parents than one of them acting alone. At the same time, if both siblings are misbehaving, neither sibling can be seen as the only offending party.

c) Protecting Secrets and Privacy. Siblings are the guardians of each other's private worlds. Willingness to make and maintain each other's privacy often serves as a powerful bond of loyalty among the children.

d) Translating. In addition to interpreting the external realities to other siblings, a sibling (often the eldest) may mediate in the parental relationships, translating the words and behaviours of a child to the parent(s) and translating the words and behaviours of the parent(s) to other siblings. Further, the siblings may translate the outside world to the parents, especially in those cases where the parents are immigrants to the surrounding culture.

e) Pioneering. This occurs when one sibling initiates a process which gives permission to the others to follow accordingly. New behaviours or attitudes going beyond the limits or expectations of the parents are initiated which may or may not be accepted, but a pattern may be set which is difficult for parents to reverse. Similarly, the pioneering sibling can demonstrate by making them, what the mistakes are.

Malfunctions:

Many of the potential malfunctions of the sibling subsystem are obvious: performing negative behaviours within the functions

described above, e.g. enforcing compliance by aggression, teaching each other destructive behaviour, manipulating friendships, siding with parents against a sibling, tattling, and deliberate lying. A great deal of this activity could fall into the category of misbehaviour rather than psychopathology.

There are, however, several malfunctions which bear special mention. They are:

a) Permitting fusion to take place. When the process of differentiating is inadequate, a sibling may have developed a sense of self which is entirely dependent upon the image of the sibling with whom he identifies.

b) Scapegoating. The process of scapegoating can occur within or between various systems. It can be devastating when parent and child are involved. Siblings, too, can scapegoat another sibling. The effect would be to trap one of the children in such a way that he or she would be blamed for everything that went wrong. Sometimes the scapegoat willingly accepts the role but even if the scapegoated one fights back or withdraws from the system, the process is very difficult to escape because of the power of the siblings.

c) Failing to separate. The loss of a sibling (to death, or perhaps going away to school) can traumatize the sibling left behind. The effects of this trauma will depend largely on the functions previously performed by the lost sibling. At least some of the remaining siblings will experience a loss of support because the delicate balance of allies will have been upset. The nature of the loss may be denied or talked about, or its effects may be romanticized in some way. Such separations will certainly not go unnoticed in the sibling subsystem.

   The one who leaves, too, may experience some sense of loss, or guilt for abandoning siblings who depend upon him or her. Sibling separations seldom occur without ambivalence.

The protection worker would be wise to attend to the clues which suggest the sibling system's strains and injuries. Careful work in the sibling subsystem can frequently pay off when the parental subsystem functioning is resistant to change.

4. <u>The Extended Family</u>

The permutations and combinations involving members of the extended family are endless. The types of connections between members can range through all of the functions. An aunt or grandmother can intrude into or accept parenting. Alliances between specific

family members and specific relatives can occur over single issues or episodes or can exist and grow stronger over the lifetime of the family. A daughter in an alliance with her grandfather has some advantage in working out "new" arrangements with her parents. A parent through an alliance with her husband's sister might become stronger in her relationship with her husband and her children.

In assessing family functioning, it becomes important therefore to examine the relationships of the family in question with its extended family.

Functions:

a) Substituting for within-the-family roles. In a healthy, intact family, their functions are more likely to be of a complementary nature. There are cultures, though, where it is normal for the extended family to have wide influence. In today's world of single parent families and working mothers, the extended family performs many valuable functions.

b) Balancing the power of parents, Grandparents, uncles, aunts and cousins often give needed relief from harsh or overly strict parents.

c) Protecting secrets and privacy. Extended family members may perform a similar service to that sometimes supplied by the sibling subsystem described above. In some cases, an extended family member may also act as translator between parents and children.

Malfunctions:

a) Refusing to permit family members to leave the extended family's influence. Grandparents sometimes insist that the married children still visit frequently and complain loudly that they are neglected by their ungrateful offspring.

b) Interfering in the family's functions, their advice and forceful suggestions may be seen as meddlesome intrustion or over-involvement in the inner workings of the family. "Helpful" relatives can be a heavy burden.

The assessment challenge will be to determine (1) whether or not the family would be better off with the extended family member less involved, (2) how to get the family to reorganize itself and (3) how to support the members who are temporarily disturbed by the change.

EXERCISE:

Please review families you have known and list, on a separate sheet of paper, as many types of subsystems as you can. Familiarity with a wide variety of families is essential in this exercise.

Hints:

1) Begin by reviewing as many different kinds of family arrangements as you can think of and try to imagine how these arrangements came to be. Such arrangements invariably result from a combination of circumstances and the need to meet certain functions.

2) Then reflect on as many different family functions as you can imagine.

3) Then imagine how subsystems could form in a family. Notice that much depends upon who is available in the family and also who has, in the family's past, been available to perform the required kinds of functions.

Later, in the Assessment Section we will review in more detail the usefulness of knowing how the family is organized into subsystems. Both assessment and intervention planning will rely on good subsystem analysis.

SECTION 3

THE FAMILY SYSTEM PERFORMS FUNCTIONS

In order to grow, the individual must provide for himself. The family is a collection of individuals who have become dependent upon one another for security, nurturance, caring, etc. Naturally, as all family members are counting on one another for a great deal, there are limits to what anyone can expect for himself at any one time. Nevertheless, since the needs are crucial, some adjustments have to be made in each perons's own freedom to act.

Families generally organize themselves in a gradually evolving set of understandings. All of the various needs that must be met, along with all of the duties and functions that go along with living (earning money, preparing foods, supervising children, keeping house, etc.) get divided among family members. Families differ enormously both in the ways they organize themselves to perform these functions and in the effectiveness with which they fulfill them.

Certainly, every family will have its own unique problems and each family will come up with its own ways of solving them. However, observers of families have noted some common functions and reviewing a list of them, along with some examples of how they have been carried out by families, will help the reader to become a keener observer of how functions are assigned, carried out, and perhaps failed, in the families you work with.

These are the obvious family functions:

1. Provision of necessities
2. Distribution of roles and responsibilities
3. Meeting emotional needs
4. Source of growth and development
5. Special functions

1. Provision of Necessities

Some of the family members will be more involved in this than others. Money has to be acquired and used properly to maintain basic needs. Food has to beprepared in some way. Basic sanitary conditions have to be maintained. Clothing has to be acquired and maintained.

It is crucial, in understanding a family's strengths and weaknesses, to examine how they take care of these functions. These are the easiest functions to observe and the family is probably going to be able to say who has responsibility for what. The worker is

advised not to be distracted by personal values or standards in observing the family's solutions.

Solutions can be achieved that are perfectly acceptable to the family, but are not the norms of another culture. The sensitive observer is looking for evidence of family strengths and family cohesiveness and is careful to observe both how and how well the family solves the problems associated with the provision of necessities.

2. Organization

A family needs not only to provide itself with the basics but also to have an agreed upon division of labour in order to accumulate these basics and distribute them among the family members. The function of organization, however, goes beyond the physical necessities. Rules of conduct are set; mechanisms for solving family problems are established. Not only are these structures put in place, but they need to be revised and maintained.

However, such organization is not necessarily stable, nor should it necessarily be so. Families are often faced with crises which require ad hoc decision-making. Further the decision-making may be performed by different members of the family system. Traditionally, such functions rest with the parents. It is not unusual, however, to see a dictatorship by one or another of the parents, or even by one of the children. At the other end of the scale, there may be a democratic process for assigning roles and setting rules about how the family will operate.

Lastly, not all family organizations are healthy. In the families the protection worker deals with the organizational structure is likely to be not well defined and unsystematic. Families with chronic problems, for example, may establish a scapegoat who can be held responsible for the family ills. It is not uncommon to see a family in which a weaker member, perhaps the learning disabled child, is blamed for such things as the marital instability, father's drinking problem, mother's depression, older sister's promiscuity, or younger brother's acting out.

3. Meeting Emotional Needs

The emotional needs of a family are no less important than its physical needs. Members at all positions in the system require some measure of nurturance and support, comfort and esteem. Sexual needs must be responded to as well. The family will have to get itself organized in some ways to ensure the best "deal" for each member. Some will make out better than others and the family will have ways of dealing with this too.

As was pointed out earlier, we can easily let our own standards get in the way when we are looking for the implications of assigned functions within the family system. We expect to see the parental couple finding their sexual fulfillment in each other; we expect to see the parents providing nurturance to the children; and we expect to see support and empathy among the siblings in the family.

However, we may find family members having their emotional needs met in unusual places, including outside the family system. Our imagination requires little stimulation to picture adults finding their sexual gratification outside of marriage or children finding their principal source of nurturance in member of the extended family.

As professionals, our task is two-fold: we must attend to how the family fulfills these functions and then judge whether their way is dangerous to the child(ren's) security. If their way is effective and not dangerous, we have little need to involve ourselves further. If their way is ineffective, although not really dangerous, our task then becomes one of determining if they would like some help to find more effective ways of responding to family member's needs. We may offer the help ourselves or offer to facilitate a referral to other helpers who can take on this task.

4. <u>The Learning Laboratory</u>

The family system should function as the source of growth and development for the individual. This is clearest when considering the younger children. Their early education (learning to walk, learning to talk, toilet training, etc.) is generally associated with the first few years in the home. Later we see them trying out new behaviours on their parents and siblings before implementing them among their peer group. They learn to respond to and get around the family's power. They experiment with new communications, styles of dress, and attitudes in the relative safety of the family system.

However, such experimenting should also be available to other, older members of the family. Spouses should be able to check out with each other new ideas such as going back to school, changing jobs, or even modifying family rules and expectations. Children may be sources of new information regarding the surrounding culture to parents, whether it is keeping them up to date on rock music or teenage fashion or helping them to learn a different language.

It is easy to see how malfunctions may occur, how children who do not feel free to experiment with the trappings of their peer culture in the home may seek another sub-culture to support them. A common factor in the break-up of marriages is the inability of a spouse to encourage the partner's growth because the experimentation feels too disruptive of their current role relationships.

5. Special Functions

There are many special functions which may be specific to a particular family. Keeping secrets is such a category. Many families, probably even your own, have family secrets which are never discussed outside the family and often not even acknowledged within the family. The secret might be the brief fling that mother had long ago when father was working double shift. The children saw enough to know something of significance was happening even though they might have failed to interpret it correctly until they were older. In any case, no one acknowledges the incident. To mention it outside the family would tarnish the family reputation. To bring it up within the family could uncap explosive unknown emotions. Hence, the family engages in a process of "keeping the secret".

The flip side to the function of keeping secrets is that of maintaining myths. Again, this function is no stranger to the majority of us. The myth may be that mom and dad were married in 1949, when, in fact, it was 1950, the same year you were born. Or it may be a whole complex of shared misperceptions such as "daddy was not a criminal..."

There are other examples of special functions in families but their uniqueness makes it difficult to list or categorize them in any meaningful way. Like the other areas of functioning, though, these functions are not, by nature, healthy or unhealthy. The test of family functioning is in its effectiveness. Do family members get their needs met and do the family structures provide for growth and development. There are families which are riddled with secrets and myths and they could interfere significantly in the functioning of the family system.

The protection worker generally does not become involved in unravelling and understanding all of the family functions in any one family. Nevertheless, knowledge that families are always actively engaged in performing, reviewing, monitoring, succeeding and failing to accomplish family functions should serve to focus the protection worker to be attentive to problems in this area.

LOYALTY TO THE FAMILY

Just as the family must struggle to maintain the proper conditions for growth, the individual member of the family has a struggle of his own. The family's purposes, the needs of other family members all call for sacrifices from the individual. The price of having at least some needs met by the family is participating in the family's patterns.

The individual's task is to grow, to develop the capacity for greater independence and to prepare to take on the functions of the adult in society. To accomplish these goals one must learn to separate from the family, to take risks on one's own and to establish relationships beyond the family.

In most families, at one time or another, the individual member is required to sacrifice, that is, to act in a certain way in the interest of protecting or maintaining some aspect of the family. In severely disrupted families, individual members can be seriously hampered in their development, even injured, in the course of being loyal to the needs of the family.

The protection worker, in working with the family, will learn to identify the basis for loyalty in the family, and to make use of its power in helping the family to change.

SECTION 4

THE SYSTEM DEVELOPS PATTERNS OF BEHAVIOUR

Over time, as the family responds to problems and demands for change, patterns of behaviour emerge. In fact, family functioning can be understood as sequences of behaviours performed by interdependent individuals. The sequences have purposes (not always consciously known) and they invariably develop traditions. In any family, there will be many sequences occurring at any particular time. As a consequence, they can complement, interfere with or cancel one another.

Recognizing the patterns of behaviour of a particular family, their purposes, and the events that precipitated them is the principal task of the family worker. Knowing the patterns gives the worker the power to predict what will happen next and, more importantly, gives the worker the insight as to where to apply corrective measures.

First, it is a serious error to suppose that a family that looks disorganized and that performs in a disorganized fashion is, in fact, lacking in organization. Some families appear disorganized because, in their current crisis, their mechanisms for handling things have broken down. Others <u>seem</u> disorganized because they live a lifestyle that is hard for the observer to understand and predict. They have learned to operate with a minimum of conventional patterns. Nevertheless, it is always possible to identify the patterns and ascertaining how the family is organized is a first step toward helping them to meet their goals.

Consider for example the following case:

A protection worker discovers the following facts about a family:

- Single parent mother, stays in bed until late in the morning most days;
- 3 children, all below 12, stay in bed, too, or run around the apartment while mother is in bed;
- Eating is not done according to conventional time schedules; children eat as they become hungry and they serve themselves;
- Mother hits the child closest to her as punishment for anything the children have done while she slept;
- Three of five days of the week, the children fail to attend school.

One could understand if the worker considered this family to be chaotic and disorganized. However, let's look further. There are some signs

in the above statements to suggest that

a) patterns might exist in this family, and
b) ascertaining the patterns might give some ideas as to what the worker might try to do.

Two facts emerge quickly: the children do get to school sometimes and they do get some food. The worker should explore both facts more deeply: Are the children organized among themselves to assume some parent roles? If so, is the mother supportive or destructive of this pattern of behaviour? The very fact that some functions do get performed is suggestive of strength and purpose in the family system which the worker can try to capitalize on in planning an intervention.

There is another possible approach. The mother's disciplinary method suggests that she is not dealing with her children individually. The worker should question whether this is because she is too disturbed, unable to make the discrimination or lacking in basic child management skills. If the latter case applies, a plan for training mother in suitable disciplinary techniques might significantly improve the situation. However, improvement does not necessarily mean making the family structure identical to a middle-class stereotype. Rather, by building upon the existing strengths, the worker has the opportunity of helping the mother to respond more appropriately to the situation.

ASSIGNMENT OF FUNCTION

For functions to be carried out family members must

a) be assigned the function, and
b) be monitored by the family, in some way, to see that the function is being met.

The family, therefore, must have a way of making assignments, of reacting when functions are not adequately performed and on changing them. Problems can arise with failure in any of these areas.

The task assignments seem like they ought to be obvious. For example, the person who bears the child should receive childrearing responsibilities. However, in many families, assignments are not obvious. An older child might assume mothering of an infant while "mother" works. A parent may behave irresponsibly, in some way. This "parent" may in fact need to be parented, by another family member.

Families differ in the way they assign functions. Some make assignments directly and explicitly. "Peter, your job is to take care of your little sister while I am away." Other families leave functions until someone moves in to fill them. They can be assigned by command or by volunteering.

Further differences occur in the way families monitor how functions are carried out. Some families expect functions to be fulfilled and controlled by manipulating guilt. Others punish severely. Still others fail to monitor very closely resulting in considerable neglect of important functions and breakdowns in family functioning. These breakdowns might result in serious punishments, rejections, guilt inductions, etc.

Because the assignment process is seldom explicit, there are, in most families, communication breakdowns and confusion about role assignments from time to time. In families in crisis, especially families who are being overwhelmed by demands they cannot meet (or feel they cannot meet), there will be inevitable failures to fulfill functions. Consequently, the protection worker can expect to see a great deal of anger, depression, defensive covering up, and righteous indignation in family members in this situation. Frequently, these emotional reactions result from the failures and disruptions caused by neglected functions by family members.

In any case, all families will have a process for making and changing assignments and the astute protection worker should attend to cues that help in understanding how the family operates to determine reasons for failure. Support, strength, patience, and skill in unravelling complicated puzzles will be of help to the worker here.

COALITIONS AND ALLIANCES

Since so much must be done in a family and since everyone has a share in getting it done (although some will certainly have a greater share than others), the family can be expected to find ways to get everything done in the most efficient way possible (or to get out of having to get things done without too much damage).

Power is a very real commodity in any family. Some have power over others. Adults usually are more powerful, for obvious reasons. However, children frequently emerge in families as having enormous power. Power can be expressed directly as in commands and coercion, or indirectly as in resistances and disruptions. But, because family members are so dependent upon one another for so many functions, power can shift quickly around the family, especially if needs of family members are suddenly not being met.

One way to increase power in a system is to form an alliance with another member of the system. If one child wants something, mother might be able to refuse but if two or more start working on her for the same thing, she might wear down more quickly.

Careful assessment of such alliances can tell the protection worker a great deal about where the power is in the family and what the issues are that the family is struggling with.

Of particular note are alliances that cross subsystems. For instance, if a member of the parent subsystem allies with one or more of the children, the remaining members of the parent subsystem could be weakened. Such a situation could arise if say the father allies with the oldest child. The mother's role in the family could be reduced dramatically even leading to the possibility that the oldest child orders the mother about.

THE TRIANGLE

There is one type of family alliance that occurs so often that it deserves special attention here. While a family is a complex of individuals, one way to think of it is as a whole set of pairs. Each pair is made up of two people who are emotionally invested in each other: husband-wife, child-mother, etc.

As the pair develops its relationship, each learns to sacrifice some personal needs in favour of promoting the relationship and each must learn how to reduce stress and resolve conflict with each other.

A solution frequently found in families goes something like this. As the stress intensifies between the two people, one becomes more uneasy about it than the other. In order to seek strength and support, the uncomfortable one reaches out to another, thus "triangling" a third person into the tension of the relationship.

If this becomes a frequently used solution to the problem of tension in the pair, the relationship between the pair and the third person can become strengthened by the repetitions. Thus the third person becomes a significant part of the relationship. Since they need the third person, the pair will exert great power to keep the third person available, although this solution may eventually result in damage to the one "triangled" in. We will refer to this type of structure later. It is a very useful concept since frequently child abuse can be understood as resulting from triangle situations.

For example:

> Mother and father are unable to discuss an unsatisfactory sexual relationship, and as a result, both claim young Johnny aged 6, is the main problem in their household.

EXERCISE

The following is a list of characters and functions to be performed:

Characters

Adult female
Adult male
13 year old male
10 year old female
3 year old female

Functions to be Performed

Apply a band-aid
Cook the macaroni
Comfort after a nightmare
Provide sexual relief
Prevent conflict

The 5 people all live together and for the purposes of the exercise, constitute a family. In the standard, middle-class conception of the "normal" family, certain associations come quickly to mind in connecting the individuals with their functions.

It is easy, for example to imagine a family organized such that it is the adult female who performs all of the listed functions. In these liberated times, a family in which the adult male assumed all of these functions could as easily be visualized.

The functions are important and appropriate in the above family provided the sexual relief is for one of the spouses. It is when we start to consider possible family organizations which have these functions distributed among the children that we begin to become curious about how the family makes such assignments. We might quickly begin to ask questions.

For instance: In the matter of applying a band-aid, if the 13 year old or even the 10 year old were seen by the observer to be tending to the 3 year old's minor cut, the observer might respond warmly to the caring impulse of the older child. But if the observer discovered that no adult was ever in attendance during the day, the act of looking after the cut would be seen to be indication of a great deal more. The observer would want to ask questions about how frequently the children were left alone, how much of the children's welfare was in the hands of the children themselves, and how much was being missed because of their limited capacity to accept these broad functions.

And if the child(ren) had accepted the function of tending to the cut, did that mean that other welfare functions had been accepted as well.

Very likely, food preparation would have been. But what about sexual relief?

Certainly sexual relief is a human need. But who fulfills the need? We have general notions, some of them written into law, defining unacceptable ways of getting sexual relief and specifying that certain people are inappropriate providers of sexual relief. While these may be general cultural norms, this does not mean that specific families cannot solve the problem of how to get sexual relief for its members in unconventional or even illegal ways.

There are several important features to recognize about family functions.

a) There are more functions to be performed than can be performed at any given time.

b) There is a distribution of functions among family members.

c) The process of assigning and accepting the functions in the family will involve all family members in some way.

d) When the needs of a family become intense, (such as, in crisis) members will be hard pressed to fulfill their functions as well as they usually do.

e) While any particular member might be inconvenienced, even injured by the process of carrying out the function, there will be, at some level of consciousness, a sense of loyalty to the family system. This does not mean that the member cannot feel resentment or anger. There might very well be a profound sense of being trapped and of desiring escape. Nevertheless, forces in the family will be keeping the member at the assigned function.

f) Even if a family member physically leaves the family, he might still be serving a function in the family. We will see examples of this later.

g) Not all functions in the family will be adaptive. Some might be destructive or antisocial. These are functions that the family might need help to get free from or to become less rigid in their perception of what must be done.

h) Any specific act by any family member might be looked at carefully as an example of task-fulfillment by that individual. For example, consider a simple act of crying. The 6 year old, as you interview mother and her two children, suddenly starts to cry. Certainly, it is conceivable that the child is crying because of a sudden pain, or because her feelings were hurt by what was said. But it is also quite possible that she has a task in the family: whenever mommy needs to be distracted, I cry. Crying suddenly in the interview shifts the focus away

from the topic under discussion. The cries might have been mother's defensiveness or anger or anxiety expressed through her tone of voice. Every family worker has seen many examples of this and has learned to watch for "coincidences" of behaviours in families as signals for understanding how the family functions.

Distracting from dangerous topics or situations that might arouse dangerous emotions is a very common function in families and one that might be owned by more than one person.

SECTION 5

THE FAMILY STRIVES FOR EQUILIBRIUM

Equilibrium is a term used to describe a state of balance in which powerful forces have been arranged in such a way that they are stable with respect to one another. A simple example would be the teeter-totter. Weights at the ends of a balance beam can be adjusted so that the beam remains horizontal without either end falling. The powerful force of gravity pulling the weights to the ground has been neutralized by the stiffness of the balance beam. The whole thing looks still and at rest. However, all the forces continue to operate and should anything upset the balance (for instance, adding a new weight to one end, or breaking the beam), there would be a sudden shift.

If the weights on the beam were people, and the balance shifted suddenly, each one would feel some urgency to change his or her own position. Their adjustments might be correct, thereby reestablishing equilibrium as it has been before. Or one or the other could lurch in a mistaken direction thereby increasing the instability, forcing greater adjustment at the other end.

AN UNCERTAIN PROCESS

The family system has more elements and forces, but there is a very real need to achieve a stable balance. Human growth and development is an uncertain process requiring first the right amount of security and stability, on the one hand, and risk-taking and experience with novelty on the other. Human families are looked to to provide the security and stability for their members so that they can reach out into the world, experimenting with novelty in the knowledge that they have a place of refuge.

Unfortunately, stability is hard to maintain. Most families manage to provide some kind of security for their members. But it is easy to recognize that all families face challenges to their stability. Indeed, the major threat to remaining the same is change itself. Since maturation brings change inevitably, the family faces a paradox: keep things as stable as possible and yet be able to adapt to the inevitable changes of life. Every family will solve this paradox in its own way. Indeed, this is the most fascinating feature about any given family: it represents a living and unique solution to the challenge. The observer, who looks carefully and respectfully, will recognize the effort even though the solutions might be unacceptable, or even shocking.

ACHIEVING EQUILIBRIUM

A thorough survey of the literature describing family systems and their functioning reveals that there are at least eight basic dimensions.*

Each of these dimensions can be thought of as a sort of scale. Scoring too high or too low on any scale could have important implications for how well the family is functioning and what kind of equilibrium has been achieved.

Each dimension represents a range of useful measures which will be very helpful as the protection worker assesses a family, its needs and strengths.

The eight dimensions are:

1. Individuation vs enmeshment
2. Mutuality vs isolation
3. Flexibility vs rigidity
4. Stability vs disorganization
5. Clear vs unclear perception
6. Clear vs unclear communication
7. Role reciprocity vs unclear roles
8. Clear breached generational boundaries.

1. Individuation vs enmeshment

Each individual in the family has his own needs and thoughts. However, the family will exert great pressure in shaping how much independence of thought, feeling and judgment is permitted for each family member.

On the one hand, individuation includes a firm sense of autonomy, responsibility for self and a clear recognition of where self leaves off and other begins. Enmeshment, on the other hand, refers to a very unclear definition of self, an identity heavily dependent upon others, even extending to total immersion of self into other.

It is very possible to speak of individual members of the family as enmeshed with respect to one another. For instance, a mother can be thought of as enmeshed with respect to her child. Similarly, whole segments of a family can be enmeshed with respect to one another. The parenting team might be enmeshed with one another, or with one or some of the children.

* Adopted from Barnhill, L.R. Healthy Family Systems, The Family Coordinator, 1979, pp. 94-100

Clearly, depending upon the stage of the family's development, too much autonomy might be undesirable as it would prohibit normal dependency from developing.

2. Mutuality vs isolation

Individuals who have developed a clear sense of who they are can enter relationships, sharing a sense of intimacy and closeness, without losing identity and becoming enmeshed with the other. This capacity for mutual sharing can be contrasted with alienation and disengagement from others. At the far end of this dimension, the isolated individual has little capacity for relating.

This dimension is useful in describing a) the type of relationships that are occuring in a family, and b) the style of relating that goes on between parts of the family. For instance, one might refer to the father as disengaged from the children. This refers not just to the father's or the children's feelings but also to the processes or patterns of behaviour in the family that keep the isolation from changing.

The ideal family structure would be one in which healthy mutuality occurred.

3. Flexibility vs rigidity

Flexibility is necessary if the family is to respond to change and to new circumstances. It would be excessively rigid of a family to retain ways of relating to one another that depended upon keeping the children behaving as infants even though they were much older. While all families hold on to structures and patterns that work for them, thus maintaining some constancy and stability, some families have great difficulty changing despite enormous pressures to do so.

It is possible to see rigidity in the whole family or just in significant parts of the family. When this difference develops in a family, the internal pressures that result from some members resisting change while others promote it can be very destructive.

4. Stability vs disorganization

While a family needs to be flexible in order to cope with change, it requires a firm basis from which to operate. The necessary stability will arise from a pattern of interaction which is consistent, which defines responsibility, and which provides its members with security.

A disorganized family, on the other hand, will be seen to lack stability and consistency in the family relationships. Members will be uncertain as to who is responsible for what and will be at a loss to predict how the unit or its members will handle a given issue or problem.

A family needs to have a stable base as a source of strength and security when facing stress. A disorganized family is likely to respond in a confused way with members going off in all directions.

Clearly, stability is preferred. However, there could easily arise some confusion within a family in which some members see the efforts at maintaining stability as excessively rigid. This sort of disagreement can give rise to very powerful tensions in the family, each side seeing survival to be at stake.

5. Clear vs unclear perception

Family members require clarity in their views of themselves and their role and relation to the other members of the unit and their environment. In addition, they need to agree on these perceptions with other members of the family unit. If their perceptions are vague or at odds with other family members, their responses to the environment could well be confused and inappropriate.

For example, if the breadwinner in the family is laid off his job, all members of the family unit may see this as a threat to the integrity of the system. Such a clear and consistent perception will promote unified action. A solution may involve all members contributing through part-time work to maintain the economic status of the family. On the other hand, if the spouse views the event as a failure of the breadwinner and the children are protected from the implications, the result may be that the children maintain their previous demands on the family economy, the parents become embroiled in recriminations with the breadwinner defensive and the spouse resentful.

6. Clear vs unclear communication

For families to function effectively as a unit members must be able to communicate with each other in such a way that the messages are clearly understood. Not only must the sender be clear about the meaning of his message, but there should be some permission to check that the message has been received as it was intended. This "checking out" of communications can be performed by either the sender or the receiver. Clear communications, then, helps to ensure a common understanding among the family members both of internal expectations, instructions, thoughts, and feelings and information received from outside the system.

We can easily see that unclear communications can lead to confusion among family members. For instance, a child may be quite unsure of his parents' expectations and regulations if these have not been clearly stated. The child may then make incorrect assumptions or, worse still, act out in some dangerous or unacceptable way just to find out what are the limits of approved behaviour. Parent-child alienation may have its roots in, and be fed by vague or distorted communications.

In summary, we see clear communication occurring when an exchange of information between family members leaves each party with a similar understanding of the message. A consistent understanding of information processed in the family promotes unity both in terms of response to the outside world and in terms of a common basis for family interaction.

7. Role reciprocity vs unclear roles

Apart from the more obvious definitions of roles in the family unit - father, husband, brother, son, etc - there are many other types of functions to be performed which require some implicit or explicit negotiation. Such functions need to be coordinated to ensure that everyone's behaviours are complimentary. It may be as simple as "You wash; I'll dry." On the other hand, the parenting responsibilities may be divided between the parents (and even other parental figures) in a way that may be so complex and implicity structured that it requires long and astute observations to tease out who is what, when and under what circumstances. Reciprocity refers to that happy state when activities involve mutually agreed upon behaviour patterns or sequences in which an individual complements the role or a role partner.

If there is a lack of agreement as to how role behaviours will fit together to enhance family functioning, we may see a situation characterized by unclear roles or role conflict. An older sibling's view may conflict with a parent's view about responsibility to take care of the apartment, for example. If the understanding is not worked out, they can be expected to be in a state of tension about the issue. On the other hand, gaps may occur with some or all family members avoiding a certain role (eg. walker of the dog, disciplinarian). In such cases, explicit role negotiation is most often required to fill the gap. Consequently, families could need help in sorting out such values-laden areas of conflict and in working out clear explicit negotiations about important issues.

To conclude then, a healthy family will clearly allocate role responsibilities among family members in such a way as to maximize harmony and minimize conflict. Disorganization and ill-feeling among family members may imply that confusion exists or that there are overlaps in the role structure of the family system.

8. Clear vs breached generational boundaries

When generational boundaries are clear, the specific differences between marital, parent-child, and sibling relationships are appropriately maintained. Executive control rests with the parents, the child to parent relationship is subordinated to the spousal relationship; siblings form a supportive alliance.

Diffuse boundaries can be seen when, for instance, fathers are "buddies" to their sons to the point of abdication of their executive function. The difference between the generations and the functions appropriate to each have become blurred.

Taken to its extreme, the father and son buddies mentioned above may consolidate their alliance to the point where mother is the common adversary. We call this a breached generational boundary. Breached boundaries are generally dysfunctional to the family system. Such alliances are usually inconsistent with the rest of the family's role structure, leaving gaps in the role structure at one level (the parental level in our example) and creating conflicts at another level (in our example probably a further polarizing of mother-son relationship).

We can see that this dimension can be easily interpreted as a specific case of the role reciprocity/conflict dimension outlined previously. It is, however, an important and identifiable dimension, providing us with significant clues to the interpersonal workings of the family system.

No family ever stands still on any of these and the equilibrium is never exact. In gathering family history, it is useful to consider how the family has mastered the problems associated with each dimension every moment of their time together. However, some families seem to be far more able to solve problems as they come up.

SECTION 6

"A REVIEW"

Let's review the basic concepts before applying them to issues of practice relevant to the protection worker.

- THE FAMILY CAN BE VIEWED AS A SYSTEM composed of component parts, each of which exerts an influence on the system and, in turn, is vitally influenced by the system. No family member can be unaffected by any change in the family.

- THE FAMILY IS ORGANIZED TO PERFORM MANY VITAL FUNCTIONS. That these functions are all in operation simultaneously guarantees that, from time to time, the family will find itself in contradictory and confusing situations which can place individual family members in jeopardy.

- THE FAMILY DEVELOPS PATTERNS TO PERFORM FUNCTIONS. Family members must find ways to accommodate the family purposes while striving to grow and differentiate.

- Family members will, therefore, find themselves in conditions of ambivalence and stress. How they handle this stress will be affected by and affect the family.

- THE FAMILY STRIVES FOR EQUILIBRIUM. It must be assumed that the family will strive to find the least destructive solutions to these complex situations. Family members will form coalitions or alliances with other members, thereby creating or perpetuating family subsystems.

- As subsystems are developed and become successful, the behaviours associated with them become frozen into family structures or patterns, rules and rituals. The structures will persist even though their successfulness diminishes.

- While strength is apparent in the way the family resists change, change in life is inevitable. Consequently, the family that can shift its patterns into new structures without surrendering a sense of solidity, is the one that will be best able to fulfil its purpose.

- THE FAMILY SYSTEM CAN BE MODIFIED BY AN OUTSIDE AGENT. Families that cannot respond with the kind of flexibility required by the circumstances of change will need help from an outside agent who will look carefully for opportunities to help the family shift.

- It is inevitable that some families, though in desperate need of help, will deny they are in need. The helper's task will be to join with the strength and caring in the system however they might show themselves as a first step toward becoming accepted by the family.

- While some families cannot change quickly and will require referral to agents who have the time and techniques, most families can make some changes quickly, given the right approach by the helper.

- The "right" approach will be different from worker to worker because it is an approach which combines knowledge of the particular family, an understanding of how the family system works, and one's personal style of relating. Each of us relates to others uniquely. As change agents, we will want to make the best use of our unique relationship building style. It is pointless for any of us to try to copy another's style in the belief that it would be better for us. Each of us has the challenge of expanding our own style and skills to become better at working with families.

SECTION 7

DEVELOPMENTAL ISSUES

The focus of this next section is on the stages of "normal growth" and development of the family. Reference will be given to the views of Minuchin et al (1967) and Solomon (1973) while outlining five stages. Of course, not all families grow up "normal". Special consideration will be given in the section, to the quality of life and to disruptions in life cycles of the multiproblem poor family. The protection worker's focus will be most often directed to such families. We hope that in studying examples of the multiproblem poor family's development, the reader will be able to use the concepts for understanding the more middle class family.

PRINCIPLES IN APPLYING A DEVELOPMENTAL APPROACH

Every family grows up according to its unique circumstances and no two will be exactly alike in their adaptations to life events. However, just as one can talk about significant life events of the child, so, too, are there significant stages in the "life" of a family. Not every family will reach each stage and not every stage will be handled in the same way. Nevertheless, it will be useful, as a part of assessing a family's functioning, to look at how it has come along developmentally and to see where it has failed to develop fully.

Stage 1 The "Marriage"

Stage 2 The Family with Children

Stage 3 Individualization of Family Members

Stage 4 The Family in Later Life

Stage 5 The Integration of Loss

The following principles were used for defining the stages:

1. The developmental stages of the family are conceptualized around life events.

2. Each developmental stage brings with it change, which precipitates a crisis and leads to disorganization and pressure.

3. Families differ in their ability to deal with crises as they occur.

4. A family that fails to attend to the tasks of one stage prior to entering the next, will experience chronic difficulties in family interaction.

5. Families who adequately deal with tasks at one stage and move on to the next stage, may still experience difficulties from a previous stage. They may just be better able to handle these difficulties as a result of their having passed through the earlier stage.

THE FAMILY LIFE CYCLE OF THE MULTIPROBLEM POOR FAMILY - An Overview:

Minuchin et al (1967) express the view that the 'nature' and 'quality' of the family life cycle of the multiproblem poor family is a function of its context rather than of its so-called "deviant" features. In other words, their problems might very well be more a consequence of the circumstances in which they live, than a reflection of their basic personality adjustment.

In the case of multiproblem poor families, the amount of time devoted to going from infant to grandparent is shorter than for middle class families. In fact, there appears to be less calendar time for the unfolding of the various developmental stages throughout their shortened life cycle. It is thought that this might follow from greater frequency of loss of membership through cut-offs, deaths, imprisonment, and drug addiction.

Since there is typically <u>inadequate</u> time to resolve the developmental tasks of each stage, there is subsequently an inadequate base upon which to build for future tasks and phases. The family system is likely to be less complex, less adequately organized to cope with its needs, and less well differentiated than its middle-class counterpart. (Aponte, 1974-76) There is greater difficulty assuming new roles, and families are more likely to become 'stuck' at Stage 2, (the family with children) with a female head of household acting without access to adequate resources and without ties to extended family and community.

Each stage has its own developmental tasks. Let us examine them more closely from the point of view of the experiences of the multiproblem poor family as they pass from stage to stage.

THE DEVELOPMENTAL STAGES

Stage 1 The "Marriage"

At each stage of the family's development there are critical developmental tasks that must be accomplished prior to movement on to the next stage. Stage 1 tasks include:

1. the construction and implementation of the basic male and female roles of the marital partners (establishment of identity);

2. a commitment to "marriage" and an investment by the primary individuals in meeting each others' sexual, social, psychological, and economic satisfactions;

3. a commitment to work, and the development of a style of functioning in society.

4. the maintainance of a continued link with families of origin, although this link will need to be changed from the earlier more dependent linkages with family; the new bride or groom cannot cleave to their spouses until they leave their families behind.

Leaving home is usually the most difficult task at this developmental stage. For multiproblem families it is even harder.

Adolescents may be thrown from home prematurely and left to fend for themselves, or may be clung to by a desperate single parent as a potential source of income, or emotional support. The adolescent may flee the family confines being unable to face the inherent pressures. Such examples illustrate "tearing away" rather than "growing away" and leave the individual ill-prepared to face the crises and tasks central to Stage 1 development.

In consequence of this faulty breaking away, the person might well make a strong commitment to survival and develop an 'all-or-nothing' mentality. Since they can't look back for support and must do everything on their own, they may have to drop out of school and be left with little support in finding work. Eventually the lure of illegal activity becomes strong because of its short-term promise of "making out". The female adolescent during this time might see an identity option in motherhood. She can become pregnant and be like "mom". But the male adolescent's sense of identity tends to remain fragmented and incomplete. Lack of role models, male transcience, and frequent male unemployment all contribute to this. The male role is likely to be peripheral while the dominating female role is likely to be that of mother. All other roles are secondary, at best. Little wonder

that the boys have few options but to repeat the cycle, learning to leave, while the girls have little recourse but to "become" mothers.

Stage 2 The Family with Children

The primary developmental tasks of this stage include the following:

1. the marital pair must further solidify, and in some measure institutionalize their relationship to one another as man and woman; and

2. the pair must open up their relationship as a couple and begin to design and develop the new roles of father and mother.

The multiproblem poor family lives within a life context where a lack of role models and resources leads to relationships (marital or other) that are inherently unstable. With the addition of a child into this family unit, is born chronic stress and difficulty, leading to a focus on self and a draw to a once more exciting single life.

Parents, within this context may avoid the parental roles and remain juvenile, identifying solely with their peer group. The mother may proceed to obtain financial aid for the child and continue to bear children to further build upon this source of income. Via this route, the mother becomes increaingly dominant and central, and the father becomes peripheral. The spouse role gives way to the mother role for the female while the spouse role for the male decreases in dominance. Infidelity, desertion, illegitimacy and/or divorce are all likely consequences. If the 'spouse subsystem' is delineated at all it is typically vaguely delineated or undefined, with the father's role as breadwinner superceding any other functions. Husband and wife transactions become typically unfinished, vague and unresolved. When conflict arises it will probably involve use of time and/or money, but, because they have not fully developed their Stage 1 tasks, couples are typically unable to explore, negotiate and modify these areas of their lives.

The family context is coloured by gaps, inconsistencies, confusion and uncertainty with spouse conflict arising from a host of 'unfinished role definitions'. Interruptions in role development occur leaving an individual without the opportunity to be a child or an adolescent prior to entering adulthood. The parenting role seems to offer the only stable channel for them to focus on, thus there is a need to overemploy the role of the parent. Parenting becomes the role for experiencing some kind of reflected identity. In many instances, the father leaves and the marital subsystem is lost. Children in the family come to accept the idea of the male's role as useless, if not unknown.

Children may come to equate irresponsibility and violence with masculinity, since the males they experience are likely to be associated with exploitation, transience, even illegality and violence.

"Mother" in such family systems is overburdened and since she must operate without help or hope, depressed. Increased conflict, tension and anxiety can be expected in such a system since there is too little to go around. Cooperation is not likely to happen as each competes for the scraps. Often a parental child will emerge. Although without the adequate skills and/or power to be successful, school-aged children do not receive individualized attention and fail to develop cognitive, affective and communicational skills. Without such skills these children are unable to cope with the middle-class school system. They get "labelled" by their middle-class teachers as uncooperative. The vicious cycle begins quickly: they get labelled as uncooperative, they feel rejected and angry which leads to alienation and this gets used as evidence of their uncooperativeness.

Finally, typically in the multiproblem poor family, the childrearing stage is likely to be short. Older siblings soon get out of the control of a mother already overwhelmed by too many problems. They get released to their peer group prematurely where they repeat the pattern of everyone for himself among peers who don't know any better ways to teach them.

Stage 3 Individualization of Family Members

This life stage spans the time frame from the departure to school of the first child, through to the adolescence of the last child.

The primary task of this third stage is the modification of the roles for all family members. There are three subtasks critical to successful completion of role definition and they include:

1. the child and parent each must change their way of relating to one another. The child moves from being highly dependent to becoming more independent in social experiences. The parent becomes less controlling of the child's world, permitting greater risk-taking by the child;

2. a change in expectations and demands to meet new needs and abilities; and

3. acceptance of the preadolescent's bids for some independence as preparation for adolescent movement toward separation.

The family that is unable to accept the new roles may react in a couple of ways. They may "crack down" on the child who threatens to grow, thus forcing the child back to an earlier stage of dependency. A child in fact may be so ambivalent about his development that his behaviour is unconsciouly chosen to stimulate the family to make this move.

They may not "crack down" but rather allow too much freedom before the child can handle it. The child "separates" only to experience failure and eventually a desperate return, defeated and once again dependent, perhaps permanently.

Stage 4 The Family in Later Life

The primary task required at this stage involves letting the "child" be a "separated" adult. The parents must learn to find new kinds of gratifications at being parents and they will need to turn more to one another for basic need satisfaction. The typical process involves the family members turning to their peer groups to seek need satisfaction, and parents modifying their demands and expectations.

If the parents cannot invest in new ways, there may be a strong pull in the family to "hold on to" the last child. All family members might join in this to support the parents even though it is not in the child's best interests. The family may have avoided the conflict around separation by allowing one child to leave and subsequently focusing on the next in line. Because the older siblings needed to get away, they would support the process of holding the last child back.

Within the multiproblem poor family, a daughter may attempt to relieve the family's pressures around separation by becoming an unwed mother. She provides the mother with a "new" baby and has a rationalization for remaining dependant herself. Thus, the forward momentum of the generational process to differentiate the family system is stalled if not derailed. The family becomes devoted to survival and rigidly staying the same rather than to change and growth.

Stage 5 The Integration of Loss

The developmental task involved at this stage is the resolution of the losses in economic, social and physical functioning that are experienced by either or both marital partners. In addition, there is a reinvestment in, or modification of the marital relationship. They must adjust to a level that matches their current capacitites for functioning. Con-

flict around the new development may be demonstrated through inappropriate reactions of the marital pair to a physcial illness, retirement, or loss of social contacts.

The dynamics of this stage tend to follow our traditional ideas about the need to grieve over loss, actual or fantasized, before realistic investment in future functioning is possible. If a marriage never stabilized, and children were not individualized the conflicts of this stage will continue to be projected onto the extended family.

EXERCISE:

Examine the Stages of Your Own Family's History

- In order to understand and operationalize the important concepts described in the model of developmental stages, it is useful to draw on a familiar family situation.
- Take the time now to examine the history of your own family's development, considering both your family of origin and your current nuclear family.
- Trace through the transitional stages of your family's development, and attempt to pinpoint the crisis or event that precipitated any change or movement in the way your family functioned.
- Having considered what event marked the shift, (for example, births, deaths, sickness, movement of house and home,) put each stage into a time frame.
- Once you have clearly delineated the stages of development, assess your family's level of readiness to move on to each of the new stages.
- Identify the factors (both positive and negative) that affected this level of readiness.
- Assess how well your family handled each of its stages.
- Note the effect of failures at one stage on the way your family handled its next stage.

HINTS:

1. Be prepared, in this exercise, to come face to face with your own resistance to analyzing your own family.
2. Be prepared, as you do it, to face a variety of emotions.
3. Be gracious with yourself and your family. All of us are struggling with the same kinds of regrets, resentments, shames and frustrations regarding our families and the way we handled our growing up. We also have reasons to defend,

be proud of, and feel loyal to them as well. So do this exercise as honestly as you can. There is much to learn about families by re-examining the data we have closest to hand.

THE SINGLE PARENT FAMILY

Special consideration must be given, when studying family development, to the single parent family. First of all, we must acknowledge that the description "single parent family" covers a wide range of possible family structures and outcomes. To say a family is a "single parent family" is only to describe a specific configuration for the parenting subsystem. Needless to say, there is no reason to think that a family containing only one parent is incapable of raising and socializing children "normally". However, there are some special features of development that the single parent family must cope with.

Reason for Being Single Parent Family:

The developmental stages typically begin in the same way as two-parent families do. Unless the child's father has disappeared during the pregnancy, there is a "Stage 1: Marriage" period which may contain a courtship and some considerable development in relationship extending well into later stages. Consequently the reason for becoming a single parent family will have a significant impact on the subsequent development of the family.

a) Sudden loss, i.e. death.

For instance, the family that loses a parent to death or separation late in its development (e.g. stage 3 - the individualization of family members), will have to deal with trauma and undergo changes of a different sort from those faced by the family in its earliest stages. In addition, there are three other factors to consider regarding the trauma:

a) its nature
b) its recency
c) the events leading up to it and following it.

The nature of the trauma will vary somewhat according to the reason for the loss of parent. The family that suddenly loses a parent to death or rapidly developing illness, and sometimes desertion, has to face instantaneous and urgent demands to reorganize itself. There may well be a period of serious disorganization in which major functions are left undone and there can be injury to family members as a consequence. Injury might be limited to short term inconvenience and pain depending upon how quickly the family reconstitutes itself or brings in external supports. However, injury can involve serious damage to the mental health, sense of security and trust of family members, especially the children. The remaining parent or extended supports must become organized quickly to tend to the security and physical needs of the children. Success in this will greatly enhance the family's future capacity to adapt. A major question, in considering the family's response to trauma, is how completely did they accomplish the mourning process. (see Section 13)

b) Gradual Loss, i.e. separation or divorce

Loss of parent caused by separation or divorce usually differs in that the process leading up to departure can be much longer and, likely, filled with complicated emotions. There will undoubtedly have been some previous shifting and restructuring as the family tried to prevent the marital breakdown. The failure of these attempts can leave members divided in their loyalties, guilt ridden, hopeless, frustrated and angry. There will have been scrambling to reorganize their coalitions and alliances and consequent senses of rejection and guilt. There will very likely have been attempts by children or the "injured" spouse to involve outside people to strengthen "sides" in the family. It is very difficult to avoid loyalty problems from developing in separation and divorce situations. Consequently, the adjustment problems associated with reorganizing to meet family functions will be complicated by loyalty conflicts and lack of trust.

Recency of Separation

The recency of the trauma refers to how recently the separation occured. A family that is still caught up in the turmoil may be actively hurting or jeopardizing its members. Abuse or neglect associated with this could best be handled by helping the family to renegotiate its division of functions and its alliances while, at the same time, supporting the members in their pain.

The impact of trauma that happened long ago may still be influencing the family. Ineffective resolution, failure to supply individual's needs, incomplete mourning all can leave family members vulnerable to any further demands for change. Lingering resentments, reappraisals of self as guilty or worthless, or feelings of alienation from the family are feelings that make very difficult the knitting together that the family needs to do.

Restructuring the Family

Whether recent or long ago, the trauma of a departing member requires a restructuring of the family. There is no end to the possibilities, but there are several structures that show up frequently as structuring solutions in single parent families.

a) New Partner

The remaining parent reaches out to bring in a formerly external support. This may take the form of mother bringing in one of her parents or relatives or new partner (see paragraph (b) below), to support her parenting and/or breadwinning. Problems can arise if the delegation of responsibilities to this newly imported family member are not explicit and understood by all and if the inevitable resentments of some of the family are not taken care of.

b) Transitional "Spouse".

The single parent is more than just a parent. As a person, needs for social contact, sexual fulfilment, personal growth and stimulation, etc. all must be met. Above all, the craving for adult company can become intense when one's primary living experience is as a parent, at home, alone. Since the family's demand for parenting is very high even in ideal circumstances, the single parent is doubly burdened. There is profound pressure to spend "all waking time" at the parenting task.

Not surprisingly, the parent will look outside for support as well as to meet personal needs. If the two functions can be combined, there are significant efficiencies. Consequently, single parent families frequently have an opposite sex companion to the parent somewhere in the picture.

This arrangement, in most families, works out fine. There are several ways, however, that it can become problematical. The companion can become embroiled in the internal conflicts in the family, unwittingly drawn in or deliberately entering to support someone. (see paragraph (a) above). When the companion physically moves in with the family (or vice verse), there can be problems associated with: i) whether the companion is to be a parent to the children, ii) how much power is given over, iii) how explicitly it is spelled out for everyone, iv) how the children react to having to share their parent with someone else, v) how the decision was made to let the companion into the family sphere, vi) how will the other mutual parent feel about this. Any of these can expand into a major family confrontation.

Another feature of the parent-companion "union", whether live-in or not, is that in many families there is a series of companions. Understandably, there is considerable extra strain on such relationships and they frequently do not stand the strain. Consequently, the parent might well determine to settle for relationships in which permanence is not planned for. There are structural implications to such a solution. Invariably, some family member(s) enter important relationships with one or more of the companions. The transience of these relationships can have some bearing on how the children come to view other adults. Also, there can be a destabilizing effect when a companion leaves the family which may echo the trauma of the earlier events surrounding the loss of parent. Emotional storms can be aroused by these subsequent losses which can seriously upset the family. The upset will be partially a result of their difficulty in understanding the reasons for the storm and their reluctance to "revisit" the earlier trauma.

It is important to recognize, in working with single families, that the impulse to seek companionship outside the family is rooted in a vital need. The solution to problems that arise from the family's difficulty in dealing with the "companion situation", therefore, should not be to interfere with or guilt trip the parent for seeking this companionship. Instead, efforts should be directed to helping the family to sort out

and resolve their difficulties in coping with the parent's way of solving the companionship problem, or in relating to the chosen companion.

c) Child as Parent

One of the children moves into a parenting role. Depending upon the age of the child (there is no lower limit to the age) and, again, the clarity of expectations, this structure can work effectively. However, several dangers are inherent in this structure. The parenting child can be given and can take on more than can be handled at his or her level of maturity. The other children can react negatively to the choice of person or to the style in which the child exercises the power. Also, there is a danger of hampering the parentified child's own growth insofar as attending to the other's needs can leave the parenting child overextended and undergratified. This latter danger can be compounded if the parent's reliance on the parenting child gradually increases over time as the parent extends and enriches his or her own life after the separation or mourning period.

d) No growth expectation

The remaining parent creates an expectation that the children will not grow. If the parent finds that the problems are too great to bear alone and that there is no support available, a climate can be created in which the children come to understand that they must not rock the boat. Their developmental needs get stifled as they cling to the parent. Any risk-taking or expression of needs to grow are reinterpreted in the family as expressions of disloyalty, and are punished in some way. Dependency, age-inappropriate behaviour, sadness and acting out elsewhere are all hallmarks of the structure. The dangers are obvious. This structure constitutes a serious risk to the growth of all members, including the parent.

e) Hidden alliances

The people who remain in the family develop covert alliances with external support people. This can take a positive form: e.g. relationship with teachers, therapists, relatives, peers or peer's family. However, it can become threatening if the influence of the external member is exercised as power in the nuclear family. The most typical form this takes is a covert alliance with the "other" parent or parent's agent. For instance, the separated father who is deliberately trying to undermine the family unit (in order to get custody or to get revenge, perhaps,) might take advantage of a child's ambivalence, encouraging defiance etc. Another form of this might involve the interfering grandparent who has an axe to grind.

The dangers of this structure are that it creates a volatile, unstable situation. The children in the middle invariably get in over their heads, experiencing all of the expected reactions to such pressure.

The parent at home might attempt to escape the unwanted influence by uprooting the family, removing access to all other supports in the process.

f) Overwhelmed parent.

The fact that the remaining parent can come to feel totally overwhelmed by the "new situation" and that this feeling can become a chronic one, can leave the family open to building a new structure that incorporates the "overwhelmed" parent. Major functions go unmet and the children support each other more or less successfully in dealing with the losses. Parenting by the children is commonplace, although not necessarily adequate. Generally, the structures in the family tend to be very simple: everyone is organized to bypass the parent and yet to look like they are not bypassing the parent. A not infrequent signal of such a family situation is some characteristic parent behaviour: the parent, usually mother, appearing impassive, unutterably tired, and likely obese, spends most of her time in one chair, usually in view of the T.V., and issues commands. Children tend to spend part of their home time hovering around mother and the rest of their time out of earshot where they work out their differences. Fighting, resentment and self-centered behaviours are the rule in such a family because there is just too little to go around. Nevertheless, there is frequently a powerful sense of loyalty as each child recognizes, in some way that the mother has burned out in their behalf. (see Volume 2 for further references to the neglectful parent and to the depressed parent.)

g) Poverty.

Frequently, single parent families fall below the poverty line. Poverty brings its own shaping influences on the family. Hopelessness, anger, frustration are more overt. Preoccupation with solving instrumental problems (getting enough to eat and keeping a roof overhead) tends to eclipse needs to solve less immediately urgent problems. Unfortunately, while emotional needs can be postponed temporarily, they do build up and so personal emotional needs tend to get worked on only when they must. This breeds a crisis mentality. The only way to get needs met is by creating a ruckus. Some members will feel freer to make a fuss than others so that attitudes of resentment against disloyalty and unfairness tend to build up. Resentment developed in this way frequently gets expressed in righteous indignation. Forces can build quickly and can result in pressures to eject family members for being "disloyal".

For example, the 15 year old boy who has recently started to spend most of his time with his peers might be viewed as disloyal by the family, especially the parent, who are depending upon him to support and parent at home. His developmental needs require that he establish himself outside the home and he feels "right" about this. The family needs him and feels "right" about that. Both parties, wanting contrary things and feeling their rightness, are vulnerable to intense emotional

scenes. Eventually, the scenes, because they are draining in their own right, become too much to bear and the family, unable to stand the drain on its energy, self protectingly expels the child in some way. The child may run away in a storm of indignance and frustration. He may vengefully lash out against the family in an illegal or indecent act. He may be "given up" to the Children's Aid Society as incorrigible. The important features about this scenario are that it frequently occurs and that both "sides" have escalated to positions far more extreme than they would have preferred to take. However, they got to their positions through a series of increasingly unbearable events and they fortified themselves by their sense of outrage against the other's failure in loyalty.

SECTION 8

UNDERSTANDING WHY FAMILIES HAVE PROBLEMS

In the earlier sections of this manual, the organization of the family has been emphasized. A major theme is that the family's purpose for organizing is to provide a stable structure to respond to the needs of family members. Anything which threatens that structure, threatens to disrupt the family's security. Any change, imposed from outside the family or from within, has the potential to disrupt and, consequently, every family learns to cope with change, to develop ways of offsetting or minimizing the effects of change. Certainly, major changes such as passing from one developmental stage to another (see Section 7) require major coping responses and can generate a sense of crisis in a family. But even minor changes can be important since their effects tend to add up.

The work of Holmes & Rahe (1967) suggests that change can have profound effects on a person's health and wellbeing: According to them, one can calculate a sort of social readjustment score for oneself based upon the kinds of adjustments to changes one has recently made. There is, apparently, a relationship between frequent readjustments and getting sick. A number of change scales have been devised, and the one that follows is typical. Apparently, individuals scoring near the top on such scales have a very high chance of experiencing serious illness.

While you should interpret your score on this scale with some skepticism (it is possible to become overconcerned, thereby increasing your stress experience), the fascinating feature about it is that there are many events listed that are positive and pleasureable but that do constitute change. Apparently, change itself is the important stressor.

If the individual is liable to disruption due to frequent change, so too must be the family system. Many of the events listed in the scale have obvious impact on the family of the person as well. Change in the life of one member of a family (getting fired, for example) can reverberate through the family creating change for everyone. As others become involved, their reactions can create stress for others. If the wife blames her husband for losing his job, not only will his stress level increase still further but so will the stress levels of the children as they brace themselves for more of mommy and daddy fighting.

Social readjustment rating scale*

Below is a typical example of a scale for measuring the impact of life change.

Add up the total for all the items you experienced in the last year. If you scored below 150, you're approaching the average with a one in three or better chance of serious illness. If your total is between 150 and 300, your chance of illness rises to about 50 per cent. Over 300 points, and the odds are 80/90 per cent that you will have a serious change in your health.

Life Event	Mean Value
Death of Spouse	100
Divorce	73
Marital separation	65
Jail term	63
Death of close family member	63
Personal injury or illness	53
Marriage	50
Fired at work	47
Marital reconciliation	45
Retirement	45
Change in health of family member	44
Pregnancy	40
Sex difficulties	39
Gain of new family member	39
Business readjustment	39
Change in financial state	38
Death of a close friend	37
Change to different line of work	36
Change in number of arguments with spouse	35
Large mortgage	31
Foreclosure of mortgage or loan	30
Change in responsibilities at work	29
Son or daughter leaving home	29
Trouble with in-laws	29
Outstanding personal achievement	28
Wife begin or stop work	26
Begin or end school	26
Change in living conditions	25
Revision of personal habits	24
Trouble with boss	23
Change in work hours or conditions	20
Change in residence	20
Change in schools	20
Change in recreation	19
Change in church activities	19
Change in social activities	18
Small mortgage or loan	17
Change in sleeping habits	16
Change in number of family get togethers	15
Change in eating habits	15
Vacation	13
Christmas	12
Minor violations of the law	11

*Adopted from Holmes, T. H., & Rahe, R. H. The Social readjustment rating scale. Journal of Psychosomatic Research, 1967, (11), p. 213-218.

We will leave it to you to assess just how many stress points should be given if the family experiences violence and the abuse of one of its members. How many points should "experiencing a C.A.S. investigation for abuse" warrant? What is the score for having a child removed by the C.A.S.? The experience of having to have C.A.S. supervision must generate stress even though it is appreciated by the family, as helpful. Surely, each of these would rank quite high. The combined stress level, added to the trauma the family already has experienced, added to all the everyday changes that they would normally experience, qualifies the family for very high scores on the rating scale. Under such stress, at least one family member might be eligible for some significant change in health.

COPING WITH STRESS

The human being tends to be an efficient creature. Under pressure to solve a problem quickly, a person tends to review how similar problems were solved in the past. Typically, the method of coping with the problem will be as similar as possible to methods that have worked for that kind of problem before. But as problem solvers, we tend to get into ruts, choosing similar solutions or patterns of solutions time after time.

There is no difficulty with this repetition so long as the solution works. The habitual patterns tend to be applied, however, to a wider and wider circle of problem types. Gradually, the problem-solving pattern loses its effectiveness as it gets applied to problems for which it is ill-suited.

This rigidity in responses to change has a survival value. It permits us to handle some problems habitually without wasting a great deal of creative energy which then can be held in reserve or used on more important issues. The positive value diminishes, however, when the pattern is so rigidly held that no new solutions can be found.

This rigidity of responding to change can be seen in families as well as in individuals. In a later section, we will see some specialized family systems in which the chosen methods of solving problems for the family have, as a by-product, the effect of causing suffering to a family worker. The rigid repetition of patterns of behaviour, which fail to solve the problem, is a phenomenon that we will call being "stuck". The family is stuck and cannot find a better way of solving the problem.

It is valuable to think of the family situation as "stuck", instead of seeing the family as destructive or hateful or malevolent. Viewing them as stuck may suggest ways to proceed in helping. If you see them, no matter how hurt or hurting they are, as

DOING THE BEST THEY CAN UNDER THE CIRCUMSTANCES

you, as a protection worker, will find it less difficult to accept the challenge of helping them.

Though the family has chosen a form of behaviour which is destructive to one of its members, it has done so for a purpose that is, for them at that moment, more important. Although the intention may not be to hurt, the victims are no less hurt. One must assume that the family would have chosen a less destructive course if they had been able to. Consequently, the family worker is advised strongly to adopt as a working credo that:

THE FAMILY IS WELL INTENTIONED.

Sometimes the positive intention is hard to see because everything a family is doing seems designed to hurt at least one family member. And yet, the worker who is interested in helping that family has no chance to do so until the family's benevolence is appreciated.

Unfortunately, the family cannot always clearly express that it is "stuck" and would like to find a better way. Sometimes, in fact, because they are hurt, angry, frightened and frustrated, family members will even fight the suggestion that they need help. At such times, the worker's credo is most challenged but the effective helper will stay open to the cries and remain available to respond to them.

THE OVERFUNCTIONING-UNDERFUNCTIONING PATTERN

As an example of how a pattern of response can get established and then become a rigid structure in a family, we will study a pattern of functioning observed by Bowen[1]. He noted that because the family operates as a system, whenever any member of the family becomes dysfunctional in some way (e.g. illness, debility, etc.) another member will move in to assume the neglected functions. When it works smoothly, family functioning is maintained and security preserved. Gradually, as the dysfunctioning member returns to normal, the system resumes its former functioning.

1 Bowen, Murray, Family Therapy in Clinical Practice, New York: Jason Aronson; 1978.

In picking up new functions, the family member is adding to his own burden, and can be thought of as overfunctioning. Bowen[2] observed that "one of the most important aspects of family dysfunction is an equal degree of overfunction in another part of the system. It is factual that dysfunctioning and overfunctioning exist together".

Here is an example of how the family system shifts in six stages from balanced functioning into a rigid system which requires someone to be dysfunctional.

Stage One: Wife realizes that her husband is overworked on the job and is too tired to attend to the children. She sees him as dysfunctional and moves in to pick up his share of the parenting. This is a very adaptive move. The one parent covers for the other, temporarily, while father gets back to normal.

Stage Two: The system, for some reason, doesn't get back to normal right away. The family "adjusts" to the new distribution of functions. What was formerly more than her share now becomes her share.

Stage Three: A new crisis in which husband is again overwhelmed arises and as they did in stage one (the pattern repeats) the wife takes on some more of his share, temporarily.

Stage Four: Readjustment with the wife accepting that the larger share is hers. This cycle, by now, is becoming a fairly well developed pattern in this family.

> Notice that a couple of features of the pattern stand out almost as rules:
>
> Rule 1: when husband falters, wife compensates
> Rule 2: the share never returns to the husband

Stage Five: Wife's overfunctioning has her very busy in the family, in control of just about everything. Husband becomes secondary in the running of the family. A significant twist occurs. In Stage Five, the system requires that for wife to be strong and capable, husband has to be weak. This is like a new rule. The husband must be weak, if the family is to stay stable.

2 Bowen, Ibid, p. 155.

Stage Six: The functioning of husband becomes severely impaired. The process has reached the point at which he has to be more inadequate than his wife can compensate for. Everyone "suddenly" becomes anxious as the wife, in panic, tries once more to overfunction and fails. Symptoms develop: high anxiety, explosive emotions, panic, perhaps child abuse, or even husband abuse.

Bowen is convinced that symptoms in any part of the family can be viewed as evidence of dysfunction whether the symptoms are emotional instability, conflict, physical problems, or social difficulties. By Stage Six, this family could be demonstrating more general symptoms. For instance: husband, incompetent and passive at home, might be drinking or gambling as ways to continue the myth of his incompetence, or wife, exhausted from the strain of overfunctioning, might be depressed, angry, sullen, abusing her children because they are adding further to her burden or she may be tyrannical and hard to be around. The oldest child, beneficiary to mother's burden, might become a parentified child who so completely denies her own needs that she becomes emotionally frozen and fails to develop social skills. The youngest child, because the system is so rigid, and cannot stand challenges to authority, remains an infant socio-emotionally.

An astute family worker can begin the recovery process by helping the mother to decrease her overfunctioning or by helping the father to decrease his "dysfunctioning".

SUMMARY

Families, in response to stress in all its forms and from all its causes, continually make adjustments to their system. To maintain stability and use energy efficiently, they slip into rigid patterns which, adaptive in the beginning, can become destructive. If they could find a better way to deal with all their stresses without hurting anyone, they undeoubtedly would take it. However, they're "stuck". Their pattern, faulty as it is, is the best they can do.

THE FAMILY IS WELL INTENTIONED

It is the worker's job to connect with that positive intention despite the negative mask that might be presented.

THEY'RE DOING THE BEST THEY CAN UNDER THE CIRCUMSTANCES

SECTION 9

FUNCTIONS OF THE CHILD PROTECTION WORKER

A quick survey across the province reveals that there is not total agreement about the limits of the child protection worker's job. In some communities, the task is more broadly defined than in others. Nevertheless, there are some quite clear agreements. Your task is clearly to serve those families, in the best way possible, who are failing to provide child care that conforms to minimal standards in this province. That would be a very clear assignment if the standards were clearly defined; in some limited respects, they are. We are clear that a family may not physically, sexually, or psychologically abuse or neglect any of its children. However, the clarity becomes increasingly murky as soon as you start considering the issues and problems of providing service to any particular family. The best service to one family containing a severely beaten child need not resemble the best service to another containing a similarly beaten child. Clearly, the protection worker must make difficult and risky judgments.

Let us break the task into various parts, each of which relates the role of the protection worker to the needs of the primary client, the child. The child is, of course, wrapped in a package: the family system. Any intervention that impinges upon the child will also affect the family. So any intervention defined in this list that seems to focus only on the child is, in addition, a family intervention.

WHAT IS YOUR JOB?

(1) Assess the safety of the child(ren). You will look for clues of child abuse (see Volume II and Volume IV in this Training Series). You will look for clues in the family system that will help define the nature of the risk.

(2) Assess why they do not seem able to change by themselves. You will look for chronic repeating patterns that include the abusing behaviours. You will determine the conditions (within and beyond their control) that set off the repeating patterns of interaction.

(3) Assess the family's strengths and capacities. In these strengths will be clues to how you might help.

(4) Assess needs of individuals within the system. You will assess personal psychopathologies, deficits, needs of family members and determine their contribution to the problems.

(5) Deal with the "Non-Voluntary" family. You will find methods of access to families who definitely do not agree that there are risks to the family members.

(6) Assess the meaning the child has for the parents and vice versa. You will ascertain the importance the family attaches to its child(ren) and determine if this evaluation by the family is changeable or subject to the destructive influence of other conditions which might be changeable.

(7) Decide whether to leave the child with the family or to withdraw the child. You will assess degree of risk (see #1) and take or share responsibility for the consequences of this difficult decision. You will recognize that you can make two kinds of errors:

(a) decide to leave the child only to have him suffer a subsequent injury

(b) incorrectly determine that the risk warranted withdrawing the child, thus subjecting the child unnecessarily to the severe strains associated with leaving.

(8) Design services for the family. Whether or not the child is withdrawn, services should maintain, enhance or rehabilitate parent, family, and/or child functioning. You will, perhaps, in collaboration with other involved service providers, determine what is needed and either supply the need or refer to others who can supply.

(9) Minimize the risk. You will set in motion whatever must happen to reduce the danger to family members.

(10) Take advantage of the crisis. You will recognize that the crisis situation leaves people more open to change and that you can become the agent for change in a positive direction. (See Chapter 16, Volume II)

(11) Instill hope. You will recognize that people in crisis invariably underestimate their capacity to survive the crisis and return to normalcy. You will recognize the unique needs for reassurance in each member of the family and do what is necessary to provide that positive outlook.

(12) Contract for your involvement. You will work through with the family an understanding of your involvement with them. This forms the basis for a contract. (See Chapter 10, Volume II)

This list of functions, while covering a broad spectrum of activities, is probably insufficient. There will be, inevitably, a family who will force you to decide to choose or invent some unique functions.

It seems, too, that since you must make the most normalizing* decision possible, you are always at a slight disadvantage. You may

* See Wolf Wolfensberger, Normalization

want to leave the child in the home more than the family wants to accept the supports necessary to permit it. You might call this "the old protection service three-step": Step 1: you determine that the child is indeed at risk if he stays home but that the damage consequent upon moving him could be considerable.

So, Step 2: you offer the family services/supports that have the potential of reducing the risk to acceptable levels, but perhaps the family may refuse the support and refuse to acknowledge the risk.

So, Step 3: you have to reassess the degree to which the child is at risk, reassess how much risk is tolerable before withdrawal of the child becomes mandatory plus reassess the damage that withdrawal might impose.

In short, you are holding the bag: either you hurt the child by moving him or you leave him in a situation which is too risky. You are left wanting to leave the child in the home but facing greater risk than you are comfortable with. Since there are no absolutes (except after the fact: either the child was further hurt or he was not), the protection worker is always making judgment calls.

At the base of it, you are being called upon to assess whether the family can change, and what form of change they are likely to respond to. There are three ways you can enter the system.

(1) You do something, to which they react directly. The reaction is the change since they would not have reacted without your entrance.

(2) You undo or stop something they are doing. Your direct intervention removes the possibility of their doing what you have stopped.

(3) You do something which causes them to react differently to one another.

Each approach has its own techniques and the protection worker is well advised to choose the most efficient method of change. Many of the techniques that derive from family theory will fall into the third category. You enter the system, join with family members in ways that are unique for them and thus make it a little easier for them to relate differently to one another. One hopes to remove the risk from the child by helping the parent(s) to reorganize their conflict with others and one another.

SECTION 10

PERCEPTUAL, CONCEPTUAL AND EXECUTIVE SKILLS IN WORKING WITH THE FAMILY AS A UNIT*

What are the skills the child protection worker needs to fulfill the functions outlined in Section 9?

Experienced family workers emphasize three basic skills:

a) perceptual skills - the ability to make accurate observations;

b) conceptual skills - the ability to use these observations later to establish a theoretical understanding of the family;

c) executive skills - the ability to use personal emotional responses and personal behaviour in effecting change.

With these skills they can perform four major functions that are needed to enable the family to improve:

1) Joining - the process of establishing and maintaining working relationships with the individual members and the family as a whole.

2) Assessment - an ongoing process involving problem identification.

3) Facilitating Change - interventions designed to alter interpersonal patterns of interaction and individual family members behaviour, thinking and experience.

4) Terminations - worker giving up role within family so as to encourage healthy autonomous functioning.

1. JOINING

A. Working with the family as a unit.

Perceptual/Conceptual Skills Needed	Executive Skills Needed
1. Understand basic concepts of systems theory, i.e. change in one member affects every other member. The family tends to maintain an equilibrium.	1. Bring family together for initial assessment and explain rationale for involvement of all family members. e.g. "It's important for me to get a total picture of the family."

* Adopted from Tomm, Karl, M. & Wright, Lorraine, M., Training in Family Therapy: Perceptual, Conceptual and Executive Skills, Family Process, 18, 1979 p. 227-250

2. Realize that most families have some motivation to move towards healthier functioning.

3. Realize a new system is developed with family worker that can effect change.

4. Realize therapist's role is to increase the family's ability to use its strengths to solve problems.

2. Identify and support the family's efforts at mastery of their problems.

3. Maintain high level of involvement and input during family interviews. Provide a model for clear, concise communcation.

4. Clarify the therapist's task of facilitating and strengthening the family's own problem-solving skills.

B. Establishing Positive Relationships

Perceptual/Conceptual Skills Needed

1. Realize that by acknowledging the family worker, engagement with the whole family system is strengthened.

2. Realize that empathy, warmth and genuineness tend to strengthen a working relationship.

Executive Skills Needed

1. Give some recognition and status to all family members through some direct interaction with each other.

2. Respond with sensitivity, conveying warmth toward all family members. i.e. Supportive and positive statements should be based on real events and actions.

C. Conveying Professional Competence

Perceptual/Conceptual Skills Needed

1. Recognize different levels of understanding and functioning among family members. i.e. Young children can understand non-verbal communications more readily than verbal contact.

2. Recognize specific family language usage. e.g. ethric, class, variables.

Executive Skills Needed

1. Adjust all communication to the mental level of the family members you are addressing. i.e. Make more use of body movement, facial expressions, and tone of voice when relating to children.

2. When working with a given family, use some expressive words and phrases that family members use. i.e. First establish effective worker-family communications, introduce new words and meanings later.

3. Appreciate the family needs to experience the worker's ability to handle stress and and crisis. i.e. Allow negativity, pain.	3. Convey the capacity to tolerate a wide range of emotion by allowing the expression of intense emotional turmoil.
4. Recognize the function of family loyalties in member's avoidance of disclosure. e.g. Children will protect parent from "abuse" by worker.	4. Respect family loyalties but promote open disclosure.
5. Appreciate need for appropriate interpersonal boundaries when discussing certain sensitive issues. e.g. The marital sexual relationship should not be explored in the presence of children.	5. Respect appropriate interpersonal boundaries. e.g. "We can explore that later when I see you as a couple."

D. Maintaining the Worker-Family Alliance

Perceptual/Conceptual Skills Needed	Executive Skills Needed
1. Appreciate the need for an explicit agreement regarding expectations and goals of treatment.	1. Contract explicitly with the family for a certain number of sessions to work on specific problems.
2. Appreciate need for both parents to be involved.	2. Work towards including both parents. e.g. Contact absent father directly emphasizing his importance to family.
3. Notice any family members who have withdrawn from the conversation.	3. Join with withdrawn family member.
4. Recognize an intervention mistake. e.g. Pushing one family member too far.	4. Explore family member's reactions; clarify intent; assume responsibility if indicated to maintain connection.

II ASSESSMENT

A. The presenting Problem

Perceptual/Conceptual Skills Needed	Executive Skills Needed
1. Be open to family's perception of the problem.	1. Listen to family concerns, ask open-ended questions (ie. require more than simple "yes" or "no" response)
2. Recognize importance of obtaining a complete and accurate account of the nature and development of the presenting problem.	2. Obtain a precise description of the problem and the sequence of events relevant to the problem.
3. Recognize that multiple sources of information allow for a more precise problem identification.	3. Encourage participation by several family members.
4. Use the information presented to develop various theories regarding the presenting problem.	4. Reflect worker's understanding of presenting problem in order to obtain corrective feedback.

B. Centre on the Immediate Situation

Perceptual/Conceptual Skills Needed	Executive Skills Needed
1. Realize that if family problems are current, they will likely affect interview behaviour.	1. Watch for evidence of problems within the session.
2. Recognize current observable behaviours that are connected with the problem.	2. Comment on behaviours that confirm or clarify the problem.
3. Recognize the family may not be aware of some problems.	3. When appropriate, make the family aware of observed behaviour. e.g. "The boy seems to interrupt whenever the two of you disagree".
4. Select a focus of inquiry	4. Direct inquiry in a clear focussed manner.
5. Recognize deliberate or unconscious diversion from a focussed discussion.	5. Refocus the discussion.

6. Recognize importance of comprehensive history taking and current significance of data obtained.	6. Establish comprehensive history but maintain a here and now focus.
7. Be aware of different levels of communication.	7. Elicit further clarification of verbal and non-verbal communication. e.g. Clarify why one family member has tears in her eyes.
8. Recognize the impact that the family is having on the worker.	8. Use the feelings aroused in the family worker to understand what's happening in the family. e.g. Use your anger to confront the family when indicated.
9. Recognize the family will resent change and try to neutralize the worker.	9. Resist family attempts to undermine the worker's influence.

C. Identify and Explore Interpersonal Problems

Perceptual/Conceptual Skills Needed	Executive Skills Needed
1. Realize direct communication among family members provide more assessment material.	1. Permit or stimulate spontaneous interaction between family members rather than remain central.
2. Conceptualize some sequences of negative interaction as a triangulation process.	2. Observe patterns of behaviour that confirm or deny triangulation.
3. Conceptualize circular patterns that maintain behaviour problems.	3. Watch for behaviours that confirm, deny or clarify the parts of a negative pattern.
4. Isolate appropriate and inappropriate interperson or subsystem boundaries.	4. Elicit descriptions of routine Family life to clarify the boundaries within the family and between the family and outsiders. e.g. Mother undermined as authority by own parents.
5. Speculate on underlying emotional involvements between family members.	5. Watch for behaviour that confirm or deny alignments or splits. e.g. 11 year old son leaning on mother's shoulders.

D. Clarify Individual Problems

Perceptual/Conceptual Skills Needed	Executive Skills Needed
1. Recognize the importance of assessing individuals within the family.	1. Explore with individual how they perceive their problems. Explore other family member's perceptions of his problems and curtail the inquiring if blaming becomes severe.
2. Recognize when it is important to assess family members individually.	2. See family member individually and explore problem areas. When indicated, refer for psychological and psychiatric assessment.
3. Conceptualize internal strengths and weaknesses of individual.	3. Work with individual problems in family context, individually or refer to outside professional.

E. Integrate the Assessment

Perceptual/Conceptual Skills Needed	Executive Skills Needed
1. Recognize importance of identifying family strengths and weaknesses.	1. Explore constructive problem solving resources of family in context of problem area.
2. Realize that multiple factors at the psychological, physical, interpersonal levels may be involved in any particular problem.	2. Explore multiple factors.
3. Realize that most families have multiple problems.	3. Outline multiple problems rather than adhere to a single diagnosis.
4. Recognize that some problems can only be clarified gradually as your work progresses or becomes evident only after change occurs.	4. Define and formulate problems; re-diagnosis as new information becomes available.
5. Identify problems at a) interpersonal level and b) individual level.	5. Problem definition should imply treatment goal as well as means for achieving goal.

7. Distinguish family problems in terms of a) family composition and boundaries and b) expressive/communicative issues and difficulties in doing tasks.	7. List interpersonal problems at most relevant systems level. i.e. Whole family, marital, parents-child, etc. b) i. single parent family; ii. covert family rules, "don't cry"; iii eldest son left home 2 years ago (developmental).

III. CHANGE FACILITATION

A. Interrupt Negative Patterns

Perceptual/Conceptual Skills Needed	Executive Skills Needed
1. Estimate the family's capacity for change by reviewing family strengths and previous problem-solving efforts.	1. Refrain from introducing changes that exceed the capabilities of the family or its members.
2. Realize importance of having support of at least one parent.	2. Initiate changes which at least one parent will see as useful.
3. Recognize specific negative patterns while they occur during interview.	3. Interrupt to take control.
4. Understand that by altering the structural relationship between people, interactional patterns are interrupted.	4. Intervene to control negative patterns by restructuring family interaction verbally or physically.
5. Realize that some behaviours cannot occur at the same time as the negative behaviours and encourage that they occur.	5. Direct the family to carry out behaviours that are incompatible with the negative behaviours. e.g. Talk of your caring for him not your blaming of him.
6. Recognize that requests must be explicit if confusion is to be reduced.	6. Encourage family members to be clear in asking for what they need, or in instructing one another.
7. Recognize that emotions, if not clearly expressed, can lead to negative behaviours in other family members.	7. Facilitate clear expressions of emotion when appropriate to the needs of the situation.

8. Recognize that destructive patterns can be hard to break and may require that participants be separated, if only temporarily.	8. Direct family members to leave the situation and help them to follow through.

B. Clarify That Behaviours Have Consequences

Perceptual/Conceptual Skills Needed	Executive Skills Needed
1. Realize that family members sometimes can change if they understand that the destructive behaviours are linked to other things they do.	1. Help them to see the linkages.
2. Realize that family members must accept responsibility for behaviour before they can change it.	2. Help each member to see his contribution to the problem.
3. Recognize that sometimes responsibility is hard to accept.	3. Confront in joining manner.
4. Realize that corrective feedback is easier to accept when given supportively.	4. Provide significant emotional support while confronting.

C. Alter Blocks to Emotional Expression

Perceptual/Conceptual Skills Needed	Executive Skills Needed
1. Realize that arousal of emotional discomfort may operate to block either constructive or destructive behaviour.	1. Convey the importance of expressing and clarifying emotional experience in order to better comprehend the maintenance of overt behaviour patterns.
2. Realize the potential value of certain negative emotions in inhibiting destructive behaviour and conceptualize particular applications to increase internal controls where applicable.	2. In selected instances, implement emotional blocks by mobilizing shame, guilt, or fear in relation to specific destructive behaviours.

3. Recognize spontaneous emotional distress that is recurrent or persistent as negative and identify it as a block to problem-solving and change.	3. Remove inappropriate emotional blocks by encouraging open discussion of the emotional turmoil of family members; validate their experience, clarify the context, and provide support.
4. Realize that once covert anger has been openly expressed, clarification of its frustrating origins is more useful than further catharsis alone.	4. After getting the anger out in the open, curtail the blaming and stimulate self-reflection by exploring the underlying frustration.
5. Realize that sadness expressed through weeping is an tension release and is less destructive to other family members than the expression of anger.	5. Facilitate and legitimize open weeping as a healthy response to any type of loss. But distinguish the controlling aspect of whining from the psychological pain of weeping where necessary.
6. Recognize the vulnerability of the family member who is disclosing sensitive issues, emotions, and thoughts and realize the opportunity to stimulate a positive interactional event.	6. Mobilize family members to provide validation and support verbally or non-verbally; model if the family is unable or unwilling to do so.
7. Recognize that too much stress leads to increasing resistance, behaviour disorganization, or regression to more primitive levels.	7. Provide support and slow the therapeutic process when an issue is too stressful and disorganizing and help other family members to alter their expectation as well.

D. Initiate Cognitive Restructuring

Perceptual/Conceptual Skills Needed	Executive Skills Needed
1. Recognize irrational beliefs, unrealistic expectations, or immature values held by particular family members.	1. Challenge destructive ideas, stimulate the individual's willingness to hear other views, and facilitate corrective feedback from other family members.

2. Realize that the use of alternative language structures, such as poetic forms and humor, facilitates the understanding of new concepts.

2. Use humour, metaphor, simile, overstatement, paradoxical statement, etc., to clarify, distill, and emphasize new concepts.

3. Realize that an existing negative belief may often be restructured by providing an alternative frame of reference.

3. When possible, reframe preexisting negative concepts in more positive and constructive terms.

4. Recognize the need for personal reflection as well as repeated discussion over time to alter an established belief system.

4. Encourage family members to consider new ideas further and to continue to discuss specific issues at home in order to reach a reality-based consensus.

E. Implement New Constructive Interaction Patterns

Perceptual/Conceptual Skills Needed

1. Understand the basic principles of learning theory, identify specific reinforcers that are effective in the family, and recognize constructive behaviour when it occurs.

2. Realize that an individual experiences more gratification when he takes personal initiative in being constructive than if he is directed to do so.

3. Conceptualize positive patterns that would be mutually reinforcing and could replace maladaptive maintenance patterns.

4. Recognize that family members are often more receptive to change when in a moderate degree of crisis.

Executive Skills Needed

1. Apply social reinforcements to strengthen constructive behaviours at any time during the sessions and encourage family members to do the same.

2. Stimulate each family member to identify new positive behaviours for himself and support his suggestions when they are constructive.

3. Help family members negotiate and implement simultaneous changes and, when appropriate, direct them to initiate the new behaviours in the session.

4. When required, refocus on preexisting or underlying conflictual issues in order to stimulate motivation for behavioural change.

5. Realize that changes in a relationship are more likely to occur when the family members involved are in some degree of crisis simultaneously.	5. To achieve optimal anxiety levels for different family members, intensify or diminish the degree of crisis experienced by specific individuals through confrontation and support, respectively.
6. Recognize when family members are interacting with each other in a more constructive or problem-solving manner during the session.	6. Relinquish control of the interaction and avoid interrupting when constructive patterns of family interaction emerge.

F. Mobilize External Resources As Required

Perceptual/Conceptual Skills Needed	Executive Skills Needed
1. Recognize the absence of adequate progress in therapy.	1. Openly admit to lack of progress and explore possible inhibiting factors both inside and outside of the family.
2. Recognize the influence of the family's social network in providing support or retarding constructive change and consider mobilizing these resources. e.g. The possible lack of external support for single-parent families must be identified early lest the worker become "sucked into" becoming the primary resource.	2. Coach family members to mobilize external resources and to influence them to be constructive. When indicated, ask the family to invite friends or relatives to sessions. e.g. A family-of-origin interview often clarifies some problems dramatically and opens up new intervention possibilities for resolution of certain problems.
3. Recognize unexplained deterioration in the family (or its members) or when the therapist is losing control of the therapy process and is unable to regain it.	3. Seek immediate supervisory, consultative or co-therapy counsel or consider transferring the family to another therapist. i.e. No therapist should expect to handle every situation.
4. Recognize when individuals and families require further additional input and the expertise of other professionals or agencies besides the CAS. e.g. Psychotropic medication, individual psychotherapy, or therapeutic separation may be required to break up extremely tenacious negative patterns.	4. Carefully select and refer particular family members to other professional resources for appropriate treatment as required. e.g. Arrange for hospitalization or placement as required but continue family therapy lest the family close ranks behind the member admitted.

5. Recognize the risk of violence, including suicide and homicide, particularly when there is a pattern of escalation of anger.	5. Articulate realistic risks (in the presence of adult family members), jointly evaluate their severity, and mobilize other professionals or natural resources to provide adequate controls and support.
6. Recognize problems of multiple professional involvement due to poor interprofessional communication or to inappropriate competition.	6. Initiate and maintain contact with other professionals who are involved in relevant problems and, when required, arrange joint conferences (which should include the family).

IV. TERMINATION

A. Assess Family Initiative to Terminate

Perceptual/Conceptual Skills Needed	Executive Skills Needed
1. Recognize family member's initiative to terminate their involvement with you when it emerges or is implied during the interview.	1. Explore family members' reasons for termination to distinguish reasonable from inappropriate motives.
2. Reflect on the progress they have made and recognize what problems remain and what goals have not yet been achieved.	2. Initiate a review of family problems and offer to renegotiate contract outlining your involvement.
3. Realize that when the stress of the precipitating crisis subsides the motivation for family members to continue with you wanes.	3. When appropriate, point out unresolved issues and emphasize the general benefits of continuing with you to develop better interpersonal, problem-solving skills.
4. Recognize those situations where family problems are particularly liable to deteriorate and identify the gains that would be lost as a result of premature termination. N.B. In those situations where a child is at serious risk of violence or neglect, legal action will have to be mobilized.	4. When warranted, strongly encourage family to reconsider their desire to discontinue sessions and mobilize spokesman inside or outside the family who are most likely to anticipate potential benefits of further work. i.e. If the wife is the most vulnerable and has the most to gain by continuing, her frank opinions should be sought.

B. Initiate Termination When Necessary

Perceptual/Conceptual Skills Needed	Executive Skills Needed
1. Recognize the attainment of therapeutic goals or the presence of sufficient problem-solving skills in the family to achieve them on their own.	1. Stimulate the family to review the present status of their problems and to consider termination when problematic issues have been resolved or adequate progress has been made.
2. Realize that families terminate with more confidence when they recognize the improvement in their own problem-solving skills and when constructive patterns have been maintained longer.	2. Seek family member's perceptions of their own contributions toward the constructive changes that have occurred and reduce the frequency of sessions. e.g. Often a paradoxical question like "What would each of you have to do to bring the problem back?" elicits a more explicit statement of their understanding.
3. Recognize hesitancy or reluctance to terminate in some family members.	3. Encourage disclosure of fears related to the termination process and elicit support from other family members. e.g. "What do you think would happen if we stop sessions now?" "Could you respond to her concerns?"
4. Recognize the lack of movement in some families despite considerable effort and consider the cost-effectiveness of continuing the worker's efforts.	4. Clarify the worker's limitations and initiate termination, pointing out that family members may become more receptive to change at a later date.

C. Conclude Your Involvement Constructively

Perceptual/Conceptual Skills Needed	Executive Skills Needed
1. Realize that the impact of the worker will continue after termination and that family members will be more receptive to future professional intervention, should it be required, if your work ends constructively.	1. Review unresolved family problems by suggesting directions for future change and strive to conclude (most interviews and certainly the overall involvement) on a positive note. N.B. A final parting on negative interaction leaves the family with unnecessary unfinished business with the worker.

2. Recognize that in most instances family members have in fact made constructive efforts to solve problems.

3. Realize the importance of formal closure as part of the fulfillment of your contract with them.

4. Recognize that individuals and families appreciate the availability of back-up support to call on in times of stress.

2. Summarize positive efforts and constructive intent of family members whether or not substantial improvement has occurred.

3. End the process with a face-to-face discussion when possible; otherwise follow up by phone or letter.

4. Leave the family with an open invitation for further family work should crises recur.

MORE ON JOINING

A key skill in working with another person is the capacity to perceive and respond to the unique and momentary need that is felt. The human being is so complex that, at any moment, needs and motives for action can arise from a wide variety of possible levels. At the same time, a person is father, spouse, son, hungry, etc. He might be feeling proud of himself as a father but neglectful as a spouse. His decision about how to satisfy his hunger may be affected by his feelings about being a son. As he lives, moment by moment, these feelings/needs shift and accommodate to changing demands and circumstance.

We have already seen that the individual can be caught in the structures and patterns of the family, wishing to be loyal and yet resentful of the need for sacrifice.

At any moment, as you sit with your client, he is dynamically reflecting all of these feelings and needs. Joining with him represents your effort to appreciate his struggle and your humane recognition that, no matter how clumsily or dangerously he might have handled the balancing act, you can appreciate that he is trying.

Just as you can join with a client, so can you join with the system the client belongs to. Remember the suggested credo in Section 8. They are usually doing the best they can. By being open to the possibility that the Smith family would behave differently if they could, you as their worker, are performing the first and perhaps most important, treatment operation. If you were to be closed to the possibility entirely, you would never be able to spot the signs that suggest they are suffering and desperate and willing, if approached properly, to accept some help.

Making the proper approach will require some adjustment of yourself to match their need for you. Obviously, there are limits to how much you can change. Yet as you make your observations, you will compromise and add to your impressions. If you look for signs of strength and capability, you will be more likely to find them than if you are so offended or frightened by their behaviour that you cannot see anything positive.

By the same token, you have goals that require that the family become changed in some way as a result of your work. It is very easy to become so focused upon the goal, that you lose sight of what the client needs from you in this moment.

In fact, there are two demands on the family worker and they may sometimes seem to be pulling against each other. In order to get the goal accomplished, you might feel you should be doing X right now. The client, however, clearly needs you to be doing Y. X and Y cannot be done at the same time. What should you do? By and large, to fail

to do Y could represent a serious blockage to your chances ever to complete the goal that X was a part of. Joining with the client's need at that moment might not get you to where you're going. But if it keeps the clients working, coming to sessions, etc. then it is still successful.

Examples of actions that can be regarded as good joining actions follow:

a) Recognizing that the parent in the family wants to maintain a strong leadership role in the family, the worker acknowledges this right and asks permission before asking questions of the children. Failure to acknowledge this leadership prerogative might well turn mother against worker.

b) Acknowledging that because one parent appears strong that doesn't mean to you that the other is necessarily weak. This could be done well by mentioning the "quiet strength" of the other who is able to stay out of the struggles in the family.

c) Noticing that a man is jealous and possessive of his wife, you acknowledge his greater right of access to her by asking permission to talk to her.

d) Entering a new family and opening the procedures by directing first comments to the parents, thereby acknowledging their right and joining with the executive part of the family.

These are only a few examples. Go back to Section 3 where functions were discussed and examine each function for its potential to give you ideas about ways to join with family members.

Other Leads:

a) Watch how a person feels about what is being said. A simple statement such as "I know this makes you sad. Here's a tissue" can provide a powerful joining.

b) Attend to the personal interests of each member. People's interests show up in funny ways. It is frequently possible to use references, from their areas of interest to help them to understand a point. For instance: (to father who has a fascination with the military) "Boy, I bet even Napoleon paid a compliment to Josephine once in a while." The joining is used to show you know his interests, accept them, and can even see their relevance in his life.

c) Watch for evidence of loyalty to the family. For example, Pete, 14, might be protecting his younger brother by vicious fighting at school. Before you can help him give up the viciousness, you will have to acknowledge the positive loyalty features.

d) Watch for evidence that a family member is feeling betrayed by family. This can be frequent and subtle in its appearance. The feeling of being betrayed can be isolated from the more obvious, perhaps even furious, antagonism to the family. By joining with this aspect, you pave the way for the offended one to come back and for the family to respond.

e) Watch their attitude toward your being there at all. Joining with their fears or anger won't compromise your authority.

f) Watch for any signs of change. Change invariably threatens someone in the family. In joining with the threatened ones, a possibility for real change increases. The joining is the first step toward getting others to see and respond to the problem.

WEARING AUTHORITY

As an officer of a powerful law, the protection worker represents a very significant presence in a home. The family members can be expected to be embarrassed, frightened, resentful and defensive about the intrusion and they can be expected to feel helpless and vulnerable. Families differ enormously in their ways of dealing with such powerful feelings but one thing can be concentrated on: they will be guarded and resistive to you initially. They might be polite and civil, but that will only represent facade.

There is no question, however, that you have the right and the obligation to investigate.

But the meeting of these two attitudes (resistance and guardedness on the one hand vs your sense of concern and obligation on the other) constitutes a very powerful social event. As a protection worker you can facilitate a smooth entry or blow it.

Common Entrance Errors:

a) Coming in too strong. An investigation is traumatic and arouses embarrassment and guilt. The protection worker who moves in without sensitivity to the family's concerns, throwing around the heavy weight of the officer's privilege, can create a devastating experience for the family. Such an entrance can trample an already shaky parenting subsystem. It can cause unnecessary fear and reaction among the children and can cause an equal and opposite force of resistance to be generated.

b) Coming in too weak. Having introduced yourself as the investigating officer you are going to be seen as a person of authority. Presenting yourself as weak, anxious or uncertain can cause the family confusion about what you are really up to. It can arouse an unrealistic impression that you don't have to be taken seriously or that you can be handled by intimidation.

c) Coming in too friendly. As an officer, your task requires that you perform specific functions. Creating the impression that you would like to try to be their friend leaves you open to rejection. It puts them in the position of interviewing you to see if they'll have you. In the meantime, your functions are not getting performed. And you are vulnerable later, when you might have to do something they don't like, to the accusation that you betrayed them.

The wearing of authority can be done badly or well. But there is no incompatibility between wearing authority with firmness, and joining with the client in his or her plight. In joining you are not entering their world and agreeing with all that is there. Rather, you are recognizing their basic humanness and their effort to make the best of the task being human. They may be failing at the task, for the moment, but that doesn't mean you can't join with them, one person to another, in support and recognition.

Effective family work is a skill to be developed but it is rooted more in human responding than in technique.

All the same though one must be on the alert. There is the danger of becoming overinvolved, as in this cartoon.

"I came here years ago as a social worker. I liked it so much I've been here ever since."

SECTION 11

USE OF SELF

The process of family development and its influence on the person's striving to individuate does not only apply to the clients of the protection worker. It applies to you and me, as well. We are all fully-fledged members of families, inescapably. For some of us, the "family" may be larger or more complex than for others and the time we spent in families will have been different in kind and amount. Nevertheless, we have been marked and shaped. Consequently, each of us will be unique in our style and approach to life and to other people.

Talk of training to become a more skilled protection worker must, therefore, take into account the uniqueness of the person. Indeed, as each of us does our job, we will probably bring more of our personal development into play than our professional development.

Training that is designed to make everyone into a carbon copy of the "ideal" protection worker would be futile and sterile. So this section is designed to examine one significant aspect of your uniqueness and to help you, it is hoped, to understand the nature of that uniqueness and how to apply that understanding in the service of broadening your skills.

The protection worker's task is, in large part, a problem solving task. You are required to gather a large amount of data quickly, assemble it, somehow, into a meaningful framework that will guide you to solutions. The manner in which you accumulate and assemble information (your learning style) bears some examination. Insight into how your style operates will help you to tailor your style to make it more efficient. It is clear that simply copying someone else's style is neither possible nor desirable. You can adapt your own to do a better job.

STYLE OF LEARNING AND PROBLEM SOLVING

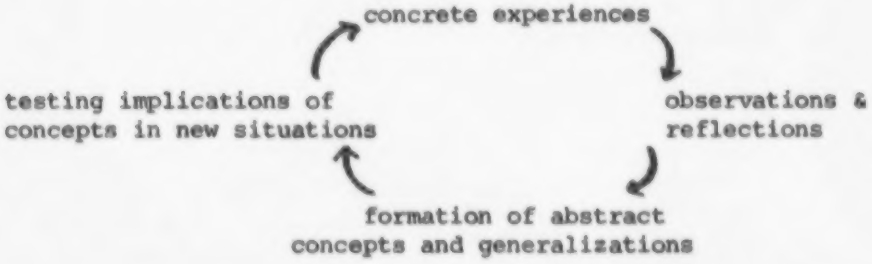
The following materials have been excerpted from work done by David Kolb and Ronald Fry. They have developed a model for understanding learning and problem solving. Essentially it is a four part or four stage model.

According to Kolb and Fry, our first step in learning is rooted in concrete experience. We sense, feel, taste information. In the next step, we reflect on our experience, developing observations. Our reflections lead us to the formation of ideas, abstract concepts and generalizations about our experience. At the fourth stage, we develop hypotheses about our world, which help us to plan our next actions. For example, we sniff into the breeze and have the sensation (experience) of a unique smell. We reflect on this smell and, in doing so, come to the recognition that it is smoke. This name for the smell "Smoke" is nothing

more than a label but it can lead us quickly to other abstract concepts like danger (forest fire), warmth and pleasure (fireplace), appetite (cookstove), etc. As we observe, reflect and form abstractions, we also sort out the implications of our experience. If we conclude that the smell of smoke could mean forest fire we would quickly begin testing that hypothesis by acting, perhaps by taking another sniff, by looking upwind to the skyline, by moving to a better observation point. However, if we conclude that the smell might be from the stoking up of a cookstove, we would develop different approaches to action. We might check to see if we were hungry since, without appetite, the cookstove might be of lessor significance to us.

The interesting feature about Kolb and Fry's four stage model is that the cycles are continuously recurring. We continuously test our concepts in experience and modify them as a result of our observation of experience. In a very important sense, all learning is relearning as we adjust what we already know to what we are currently experiencing, and conceptualizing.

This cycle can be seen to be occuring:


concrete experiences
observations & reflections
formation of abstract concepts and generalizations
testing implications of concepts in new situations

Each of us develops a personal learning style but, in doing so, we are very likely to emphasize and place more energy into one of the four stages. For example, one person might focus on concrete experiences, placing little emphasis on abstract concepts and generalizations. Another might spend much time at forming concepts and do little to test their validity.

Kolb and Fry developed the "Learning Style Inventory."* It is a simple self-description test, based on experiential learning theory, that is designed to measure your strengths and weaknesses as a learner in the four stages of the learning process. Effective learners rely on four different learning modes: concrete experience (CE), reflective observation (RO), abstract conceptualization (AC), and active experimentation (AE). That is, they must be able to involve themselves fully, openly,

*Adapted from Kolb, David A., & Fry, R. Towards an Applied Theory of Experiential learning in Cooper, Gary L. Theories in Group Processes. New York: John Wiley & Sons, 1975.

and without bias in new experience (CE), they must be able to reflect on and observe these experiences from many perspectives (RO), they must be able to create concepts that integrate their observations into logically sound theories (AC), and they must be able to use these theories to make decisions and solve problems (AE).

The Learning Style Inventory was designed as an aid for helping you identify your own learning style. The four learning modes -- concrete experience, reflective observation, abstract conceptualization, and active experimentation -- represent the four stages of the learning process. The inventory is designed to assess the relative importance of each of these stages to you so that you can get some indication of which learning modes you tend to emphasize. No individual mode is better or worse than any other. Even a totally balanced profile is not necessarily best. The key to effective learning is being competent in each mode when it is appropriate. A high score on one mode may mean a tendency to overemphasize that aspect of the learning process at the expense of others. A low score on a mode may indicate a tendency to avoid that aspect of the learning process.

AN UNDERSTANDING OF PERSONAL LEARNING STYLE

EXERCISE INSTRUCTIONS

1. Complete Learning Style Inventory

2. Score Learning Style Inventory and record scores on two normative profiles

3. Complete Problem Solving Process Worksheet

   Note: 1,2 and 3 may be done before workshop

4. Interpretation of Learning Style Inventory Scales

   Record for each participant on flip chart or blackboard as follows: (This will be done during the workshop)

GROUP SUMMARY OF INDIVIDUAL LEARNING STYLES					
Coded Name	Concrete Experience	Reflective Observation	Abstract Conceptua-lization	Active Experimen-tation	Learning Style Type

Questions

Does your learning profile seem valid?
What areas would you like to address/change?
What kinds of learning situations help you learn best?
What makes it difficult for you to learn?
What can trainer and other group members do to make this the best learning experience for you?

LEARNING STYLE INVENTORY

Instructions

There are nine sets of four words listed below. Rank-order the words in each set by assigning a 4 to the word that best characterizes your learning style, a 3 to the word that next best characterizes your learning style, a 2 to the next most characteristic word, and a 1 to the word that is least characteristic of you as a learner.

You may find it hard to choose the words that best characterize your learning style. Nevertheless, keep in mind that there are no right or wrong answers --- all the choices are equally acceptable. The aim of the inventory is to describe how you learn, not to evaluate your learning ability.

Be sure to assign a different rank number to each of the four words in each set; do not make ties.

1.	__discriminating	__tentative	__involved	__practical
2.	__receptive	__relevant	__analytical	__impartial
3.	__feeling	__watching	__thinking	__doing
4.	__accepting	__risk-taker	__evaluative	__aware
5.	__intuitive	__productive	__logical	__questioning
6.	__abstract	__observing	__concrete	__active
7.	__present-oriented	__reflecting	__future-oriented	__pragmatic
8.	__experience	__observation	__conceptualization	__experimentation
9.	__intense	__reserved	__rational	__responsible

Scoring

The four columns of words above correspond to the four learning style scales: CE, RO, AC, and AE. To compute your scale scores, write your rank number in the boxes (on the next page) only for the designated items.

For example, in the third column (AC), you would fill in the rank numbers you have assigned to items 2,3,4,5,8, and 9. Compute your scale scores by adding the rank numbers for each set of boxes.

Score items:	Score items:	Score items:	Score items:
2 3 4 5 7 8	1 3 6 7 8 9	2 3 4 5 8 9	1 3 6 7 8 9
CE = ____	RO = ____	AC = ____	AE = ____

To compute the two combination scores, subtract CE from AC and subtract RO from AE. Preserve negative signs if they appear.

AC-CE: AC □ - CE □ =

AE-RO: AC □ - RO □ =

The LSI measures your relative emphasis on the four learning modes by asking you to rank-order a series of four words that describe these different abilities. For example, one set of four words is feeling, watching, thinking, doing, which reflects CE, RO, AC, and AE respectively. Combination scores indicate the extent to which you emphasize abstractness over concreteness (AC-CE) and the extent to which you emphasize active experimentation over reflection (AE-RO).

The raw scores for each of the four basic scales are listed on the crossed lines of the target (Figure 1). By circling your raw scores on the four scales and connecting them with straight lines you can create a graphic representation of your learning style profile. The concentric circles on the target represent percentile scores for the normative group. For example, if your raw score on concrete experience was 15, you scored higher on this scale than about 55 percent of the people in the normative group. If your CE score was 22 or higher, you scored higher than 99 percent of the normative group. Therefore, in comparison to the normative group, the shape of your profile indicates which of the four basic modes you tend to emphasize and which are less emphasized.

A high score on concrete experience represents a receptive, experience-based approach to learning that relies heavily on feeling-based judgements. High CE individuals tend to be empathetic and "people-oriented." They generally find theoretical approaches to be unhelpful and prefer to treat each situation as a unique case. They learn best from specific examples in which they can become involved. Individuals who emphasize concrete experience tend to be oriented more toward peers and less toward authority in their approach to learning, and benefit most from feedback and discussion with fellow CE learners.

A high score on abstract conceptualization indicates an analytical, conceptual approach to learning that relies heavily on logical thinking and rational evaluation. High AC individuals tend to be oriented more toward things and symbols and less toward other people. They learn best in authority-directed, impersonal learning situations that emphasize theory and systematic analysis. They are often frustrated and benefit little from unstructured "discovery" learning approaches such as exercises and simulations.

A high score on active experimentation indicates an active, "doing" orientation to learning that relies heavily on experimentation. High AE individuals learn best when they can engage in such things as projects, homework, or small group discussions. They dislike passive learning situation such as lectures. These individuals tend to be extroverts.

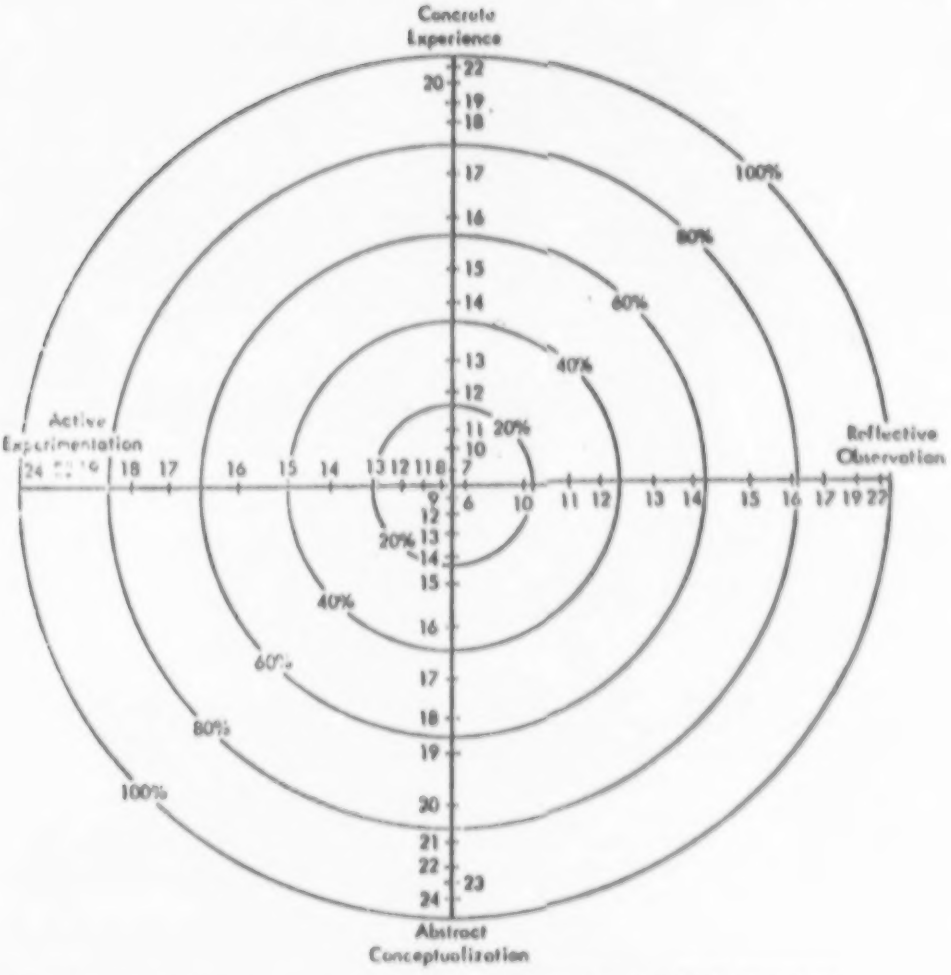


Figure 1. The Learning Style Profile Norms for the Learning Style Inventory

A high score on reflective observation indicates a tentative, impartial and reflective approach to learning. High RO individuals rely heavily on careful observation in making judgments, and prefer learning situations such as lectures that allow them to take the role of impartial objective observers. These individuals tend to be introverts.

It should be emphasized that the LSI does not measure your learning style with 100 percent accuracy. Rather, it is only an indication of how you see yourself as a learner. You will need data from other sources if you wish to pin-point your learning styles more exactly (eg. how you make decisions on the job, how others see you, and what kinds of problems you solve best.)

IDENTIFYING YOUR LEARNING STYLE TYPE

It is unlikely that your learning style will be described accurately by just one of the four preceding paragraphs. This is because each person's learning style is a combination of the four basic learning modes. It is therefore more meaningful to describe your learning style by a single data point that combines your scores on the four basic modes. This is accomplished by using the two combination scores, AC-CE and AE-RO. These scales indicate the degree to which you emphasize abstractness over concreteness and action over reflection, respectively.

The grid shown in Figure 2 has the raw scores for these two scales on the crossed lines (AC-CE on the vertical and AE-RO on the horizontal) and percentile scores based on the normative group on the sides. By marking your raw scores on the two lines and plotting their point of interception you can find which of the four learning style quadrants you fall into. These four quadrants, labeled accommodator, diverger, converger, and assimilator, represent the four dominant learning styles. If your AC-CE score were -4 and your AE-RO scores were +8, you would fall strongly in the accommodator quadrant. An AC-CE score of +4 and an AE-RO score of +3 would put you only slightly in the converger quadrant. The closer your data point is to the point where the lines cross, the more balanced is your learning style. If your data point is close to any of the four corners, this indicates that you rely heavily on one particular learning style.

The following summary of the four basic learning style types is based on both research and clinical observation of these patterns of LSI scores.

The converger's dominant learning abilities are abstract conceptualization (AC) and active experimentation (AE). This person's greatest strength lies in the practical application of such ideas.

A person with this style seems to do best in those situations where there is a single correct answer or solution to a question or problem.

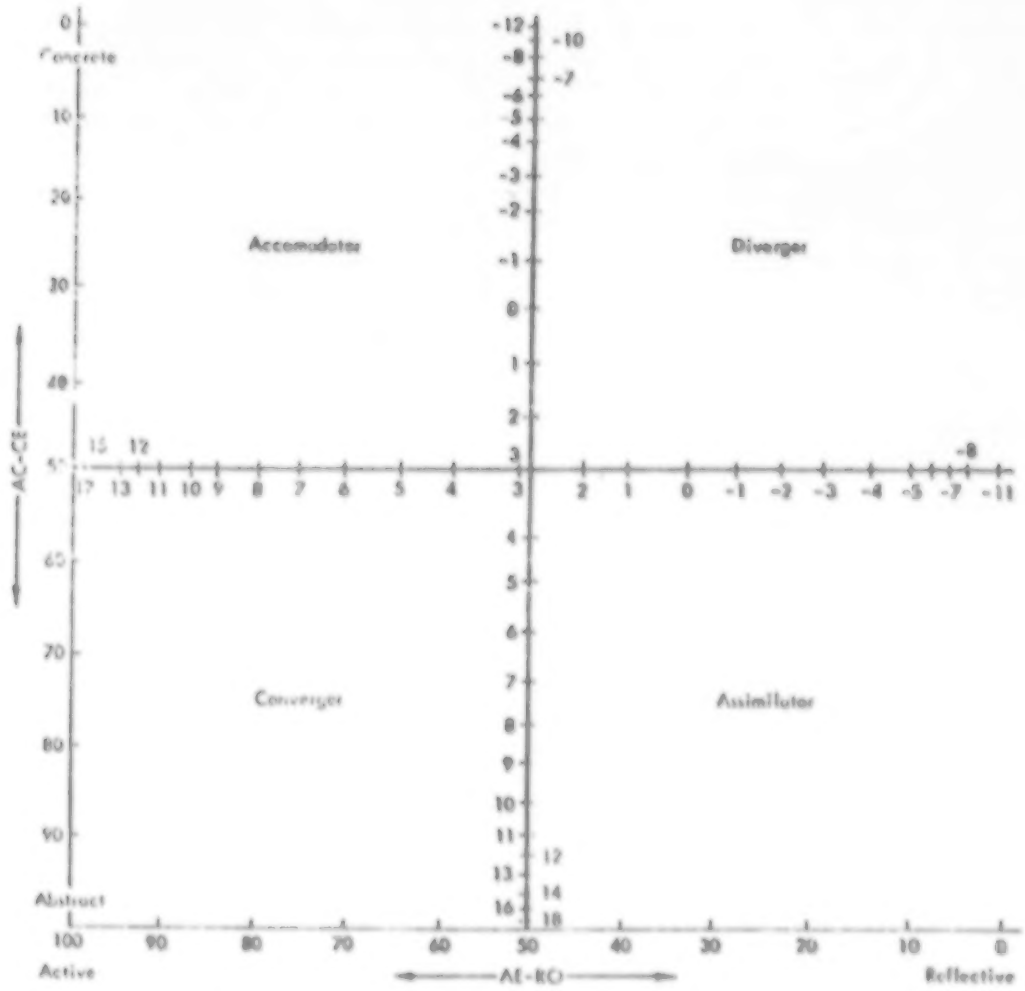


Figure 2. Learning Style Type Grid

This person's knowledge is organized in such a way that through hypothetical-deductive reasoning the person can focus it on specific problems. Research on this style of learning shows that convergers are relatively unemotional, preferring to deal with things rather than people. A converging style might be hard to adapt to the tasks of family work. A converger would tend to have good behavioural assessment skills and be able to implement strategies for change but would fall short on empathy and feeling.

The diverger has the learning strengths opposite to those of the converger. This person is best at concrete experience (CE) and reflective observation (RO). This person's greatest strength lies in imaginative ability. This person excels in the ability to view concrete situations from many perspectives. This style is labelled "diverger" because a person with this style performs better in situations that call for the generation of ideas, such as a "brainstorming" idea session. Research shows that divergers are interested in people and tend to be imaginative and emotional.

Divergers often work with families. They tend to be creative in their work, are able to establish rapport readily but may not adequately use theoretical concepts and may have difficulty confronting.

The assimilator's dominant learning abilities are abstract conceptualization (AC) and reflective observation (RO). This person, like the converger, is less interested in people and more concerned with abstract concepts, but is less concerned with the practical use of theories.

The assimilator can assess families well and formulate strategies for change. They, however, have little empathy and have difficulty implementing the strategies.

The accommodator has the opposite learning strengths of the assimilator. This person is best at concrete experience (CE) and active experimentation (AE). This person's greatest strengths lies in doing things -- in carrying out plans and experiments -- and involving oneself in new experiences. This person tends to be more of a risk take than people with the other three learning styles. This person is labelled "accommodator" because he or she tends to excel in those situations where one must adapt oneself to specific immediate circumstances. In situations where a theory or plan does not fit the "facts", this person will most likely discard the plan or theory. This person tends to solve problems in an intuitive trial-and-error manner, relying heavily on other people for information rather than on his own analytic ability. The accommodator is relaxed with people but is sometimes seen as impatient and "pushy".

The accommodator is an active-oriented family worker who joins the family well and is able to readily facilitate change but falls short on conceptualization.

Now that you know about your learning style, watch it in action as you tackle these questions:

What is the relationship between learning style and problem solving?

Are family workers balanced in their use of problem solving activities?

Do all family workers have the same problem solving style?

Does a family worker need to use all four activities - accommodation, divergence, assimilation, convergence?

What areas do you need to improve on?

Figure 3 overlays a model of the problem-solving process on the experiental learning cycle and identifies problem-solving activites that characterize different stages of the cycle. In this figure we can see that the stages in a problem-solving sequence generally correspond with the learning style strengths of the four major learning styles described earlier. The Accommodator's problem-solving strengths lie in executing solutions and in initiating problem finding based on some goal or model about how things should be. The diverger's problem-solving strengths lie in identifying the multitude of possible problems and opportunities that exist in reality ("compare model with reality" and "identify differences"). The assimilator excels in the abstract model building that is necessary to choose a priority problem and alternative solutions. The converger's strengths lie in the evaluation of solution consequences and solution selection.

FIGURE 3. Comparison of the Experiential Learning Model and the Problem-solving Process.

PERSONAL PROBLEM SOLVING PROCESS WORKSHEET

Family Description

Johnny is a nine-year old boy of Italian-born parents. Johnny was referred to a Family Treatment Centre because of aggressive behaviour at school; he bullied younger children and recently had begun to swear at the teacher. Johnny had a five-year old younger sister that was not seen as a problem by the parents.

Johnny's mother wanted help and tended to blame her husband for Johnny's problems. Johnny's father was not particularly interested in service and thought Johnny would grow out of his difficulties. Johnny's father was a truck driver and was away from home a great deal.

Instructions

Outline below as specifically as possible how you would go about dealing with this problem from start to finish.

GUIDE FOR ANALYSIS OF PERSONAL PROBLEM-SOLVING PROCESS

Instructions:

Score 2 points for each activity listed below that represents a major portion of your problem-solving process description. Score 1 point for activities that are a minor portion of the process description. Score 0 for activities not mentioned at all. Sum the points under each type for the total score for the four types.

		Problem
Accomodation	Total	____
- Implementing plans/accomplishing tasks		____
- Getting involved/committed to goals		____
- Exploring opportunities		____
- Dealing with people		____
- Trying things out		____
Divergence	Total	____
- Identifying problems/opportunities		____
- Creative thinking		____
- Generating alternatives/ideas		____
- Sensing values or feelings		____
- Information collection/seeking advice		____
Assimilation	Total	____
- Defining the problem		____
- Planning		____
- Establishing evaluation criteria		____
- Quantitative analysis		____
- Formulating and using models/theory		____
Convergence	Total	____
- Data interpretation		____
- Evaluation/measurement		____
- Decision making		____
- Design of experiments		____
- Setting priorities/goals		____

SECTION 12

LET'S LOOK AT TWO SAMPLE FAMILY SYSTEMS

EXAMINE YOUR OWN FAMILY

Let's face it, no one in the world is going to share with you as many details about their family as you know about your own. So if you want to learn about how to work with the family as a unit, it would be wise to review the details in living that keep the family ticking along. And your family is the best place to start!

There are problems in trying to understand your own family.
First, there is the problem of personal perspective. You are able only to recapture details as seen and recorded from your own perspective. There are many more persepctives in your family, some of them undoubtedly contradictory to yours in specific details, and all of them equally true, as perspectives.

Secondly, there is the problem of memory.
Family history has very little objective reality. Rather it is a collection of remembrances of events which were seen, at the time they were experienced, from a point of view. The point of view affected the way the event was remembered. So be prepared to be puzzled, as you examine your own family's history, and also to be contradicted as you compare notes with other family members.

Thirdly, there is the problem stirring up forgotten feelings.
You are liable to experience emotions you have not had to experience lately. Very likely you have insulated yourself from the conflict or pain or intensity of many family related incidents in your past. Reviewing the events of your family's history can bring you face to face with these feelings again. In facing them anew, you might come to a new understanding and accord with them.

Fourthly, there is the problem of time perspective.
No matter what your situation was "then", it is different now. Looking back, from the perspective of now, can have the effect of shaking some of your earlier perspectives, invalidating or updating them. As perspectives about events change so, too, sometimes, do relationships. A serious analysis of your own family might well impel you to reconnect with and update neglected relationships. The "problem" with this is that such activities take energy.

So, with those problems recognized, you are being asked to complete the following exercise.

EXERCISE: "You Can Go Home Again"

A previous exercise involved outlining the stages of your own family's development. Within this exercise you were also asked to assess the family's level of readiness at each of the various stages.

Consider more specifically now, any patterns or changes in patterns, that existed within your family's system as the family grew.

1. Identify the boundaries within your family, the alliances, coalitions and triangles, and note how they shifted as the family moved through the stages.

2. Identify the functions that needed to be met and specify which individuals and subsystems carried them, a) during transitional times and b) during stable times.

3. Identify the ways the family handled as a unit, the stress and tension of change at each stage.

4. How are they handling it now? For example, how have they allowed you to separate and yet maintained a viable relationship?

5. Every family experiences important life problems. Identify the different problems your family faced.

6. Identify your family's strategy and unique solution for each problem.

7. Finally, review the eight basic dimensions of family functioning (Section 5) and consider each briefly within the context of your own family.

EXERCISE: EXAMINE ANOTHER SAMPLE FAMILY "The Hills "

The Hills are a West Indian black family living in poverty in a state of continual instability and chaos.

Mr. Hill deserted the family some years ago and currently is in prison. The remaining family is left with violent memories of physical abuse, including, for example, attempted shooting of Mr. Hill's father-in-law. The children are no longer permitted to speak of their father.

The Hills live in a world that is heavily populated by aggressors in a community notorious for ethnic battles, drug addiction and alcoholism. Mrs. Hill has no identification with a group or social organization, and subsequently has no focus beyond her own immediate barren environment.

The three Hill children manage in their disorganized environment through use of aggression, violence, and other antisocial behaviour. They communicate by loud, emotionally intense shouting and are constantly fighting over objects. Mother's attempts to maintain control are typically vague, unclear, undifferentiated, and therefore ineffective.

Mrs. Hill is 40 years old, of above average intellegence. She is obese and doesn't seem to care about this. A boyfriend frequently stays with the family, but does not participate in the guidance and control of the children.

The Hills live with Mrs. Hill's parents and have always done so except for brief periods early in Mrs. Hill's marriage.

Mrs. Hill's mother has recently died. However, during her life she exerted substantial control over the family. She constantly undermined Mrs. Hill's parental efforts and prevented Mrs. Hill from feeling secure and competent in her handling of the demands made upon her by the children.

Mrs. Hill's father is senile and neurologically impaired, due to a stroke which occured six years ago.

There are 3 children. All are hyperactive in their behaviour, disorganized in their thought process, and consequently in their communication patterns.

The oldest child, Paul (age 12) has been placed in a group home by the Children's Aid Society. He is frequently truant, is a convincing liar and thief, and is known to have set fires. Paul is emotionally immature and tends to react to stress with depressive withdrawals.

Sean (10 years old), is unable to focus or settle on anything, and is obese, much like his mother. Sean identifies strongly with street gangs and is violent by nature, however, in contrast, he displays overly clinging behaviour with his mother.

John, the youngest child and 8 years old, physically underdeveloped and exhibits immature language skills. John is often disruptive, and repeats inappropriate phrases. John is very attached to his siblings and models all behaviour after them.

Mrs. Hill's own upbringing was excessively rigid and sheltered, leaving her with little opportunity to experience childhood. She is now confused and inconsistent in her views of parenting, although she perceives herself as a provider of information, as helpful, and as sensitive. This positive self-image is not consistent with her daily interactions with her children. Her actual behaviour is marked by rigid, punitive and ineffective control attempts. The only significant result of Mrs. Hill's rigid and controlling parenting is that it has curtailed the development of questioning and independence in her children.

The sibling subsystem is an extremely active force in the socialization of the children. The oldest child has emerged as the 'parental child' and is training the others to view the world as he does: a place that requires delinquency and stimulates negative attitudes toward school and authority.

As a family, the Hills present a mixed picture. On the one hand, they seem to thrive on aggression and violence. On the other, they seem to get themselves into situations that feed dependence and stifle growth. This is particularly illustrated in the brief description of Sean. When Mrs. Hill for some reason backs off on her limited amount of control, the children elicit external controls in the form of aggression from the outside. This, apparently, provides some sense of security.

The most notable and disorganized feature of the family interaction is their pattern of communication. Communication is typically disruptive, disjointed, and there are shifts and interruptions in conversation with closure. The family seems unable to make use of any communication rules; consequently, they seem to make no attempt to focus on topics. Individuals disrupt, shift, or introduce new ideas apparently randomly.

In summary, inability to 'make contact' is implicit in all of the Hill's transactions, and is apparently due to confused boundaries, inappropriate balancing of subsystems, distorted views of self and other, and ineffective communication patterns.

THE HILLS: AREAS REQUIRING INTERVENTION

Intervention and planning should focus on five areas:

1. Communication Patterns
2. Self-Perceptions and Self-Attitudes
3. The Parental Subsystem
4. The Sibling Subsystem
5. The Broader Social Network and Environmental Context

****

1. COMMUNICATION PATTERNS

The problem of communication is so critical, in the case of the Hills that its modification would be a primary goal in work with this family.

Training in the basics of communication would be a good place to start. The worker could suggest a list of basic rules, including 'when to talk', 'how to listen', 'when not to disrupt' and 'how to stay on the same theme'. Once the basics were started, there could be a shift to developing skills in talking together about the same issue.

In the dialogue, they will learn how to respect and to help explore each other's output.

The children require help to organize their thoughts and say them in some form of order. For example, children could be asked to tell the whole story of lunchbreak, in proper sequence.

2. SELF-PERCEPTIONS AND SELF-ATTITUDES

The establishment of clearer patterns of communication would lead the family to a clearer sense of self. A focus would be placed on re-evaluating and understanding mislabelled feelings toward each other, and toward adults around them. With this would follow an improvement in how they see the world around them. In addition, further skills would be developed in problem-solving on a cognitive-affective level.

3. THE PARENTAL SUBSYSTEM

This family historically has been confused about who is in the parent subsystem. While grandmother lived, the mother was dependent upon her and she held a powerful although ill-defined role which undercut the role of parent. There was no opportunity to clarify the mother's authority and she failed to take initiative while her own mother presided. The lack of clear role definitions and generational

boundaries has led to confused and inconsistent family interactions. Now, with the death of the grandmother, the role transition for Mrs. Hill to "Mother" can be completed and sustained. But she will need help to understand that, now that the situation has changed as a result of her mother's absence, she has a chance of gaining control. She should give clear orders to stop fighting and ensure that this happens.

4. THE SIBLING SUBSYSTEM

The children seem to want to be close to one another. This may provide a unifying sense of security which they can find nowhere else. They accomplish this closeness in the crudest way possible, through aggression toward one another. They will need help to separate their need for closeness from their aggressive emotions which should be rechanneled into more appropriate modes of expression.

Vague insecurity and fear appear to predominate in this subsystem, and help is needed to give concrete form and shape to these fears. Once they are clearer about what threatens them, they can begin their own process of coping directly with it. For example, the family covers their basic general insecurity about their immediate environment with a facade of aggression and toughness.

There is a need for the family members to broaden their perceptions of one another and to gain a better and richer understanding of their surroundings. The children should be encouraged to explore their world and their own behaviour. They should be introduced to movie theatres, sports facilities and libraries and taught how to use them.

In addition, the parental role of the eldest child should be clarified and brought in line with mother's role and expectations. Paul is able to teach many things concerning aggression and escape from authority, but he seldom employs these same exploratory skills in checking basic information about their environment. All of the children require assistance understanding the events that occur around them.

They need to become aware of their impact on others, and to look at the consequences of their own behaviour in terms of other's responses and attitudes toward them.

5. THE BROADER SOCIAL NETWORK AND ENVIRONMENTAL CONTEXT

A significant feature of this family is its deprivation and isolation from the larger community. This identifies the Hills as a lower-class multi-problem family distinct from stable lower-class families.

The family requires more information about their broader environment.

Assistance in developing a social network would be a supportive strategy for this family.

THE ROLE OF THE PROTECTION WORKER WITH THE HILLS

The five points of focus for intervention strategies, as listed above, should all be tackled. But the main question that the protection worker has to address is who does them. Certainly, some of the overall goals might not be accomplished in normal protection casework. However, the protection worker's role should include a referral and case coordination function. We will look further into this issue in the section on Planning.

The sophisticated protection worker needs to be able to identify those issues which are beyond his training and responsibility as well as those on which he must take action. He should know who, in the community, can perform the services needed to round out a treatment plan and coordinate his efforts with theirs.

SECTION 13

ASSESSING THE FAMILY

The protection worker's role in assessing a family is complex. Since the principal requirement is to assess risk of neglect or changes to the child(ren), there are many questions of immediate importance to be answered. However, assessing goes beyond determining risk. One should understand how the family meets its needs, organizes itself, and faces its crises before appropriate interventions can be planned.

THE "FAMILY PERSPECTIVE"

The protection worker is not always able to choose the ideal time and become totally prepared before engaging the family. The need for the assessment may be too urgent to permit such luxuries. Nevertheless, some issues should be considered.

While the thrust of the manual is to focus on the family as a unit, this does not mean that the worker must, at all times, meet with the family as a complete group. The realities are that with many families meeting everyone together at one time would be a major accomplishment, resulting from some successful casework interventions. Consequently, it is recognized that much of the protection worker's early involvement may not be with all family members.

The "family perspective" may be maintained even while interviewing individual members. Some hints for maintaining this perspective follow:

(i) Remember that everyone in the family has a point of view that constitutes his or her sense of "the truth." Consequently, the concept of "the truth" as a single truth is not useful to the worker. There will be many equally valid truths in the family.

(ii) Remember that when a family member says something that has happened was caused by one of the family members, this is only one member's view of how things happen in the family.

(iii) Be sure to look into each person's behaviour as an expression of the family's solution to the problems of assigning function, responding to crisis, and meeting individuals' needs to grow. This is a hard perpsective to maintain and requires considerable discipline and training on the part of the protection worker.

(iv) Remember that each family member, no matter his age, is an individual who has to solve the problem of how to fulfil responsibility to the family (loyalty), while at the same time meeting personal needs to grow and develop. Each family member, consequently, will show behaviours and say things that reflect his tension and the ambivalence that goes with it. At times, any family member might present only one side of his ambivalence, and the protection worker might not be permitted to see that the other side does, in fact, exist.

(v) It is generally o.k. to hear and sympathize with each family member's point of view, assuring the person that your perspective is that of one who is concerned about the whole family and each of its members. While your prime consideration is for the safety of the child(ren), this doesn't mean that you must give up consideration of the welfare of the other family members. You are not necessarily compromising your authority by showing concern.

MEETING THE FAMILY

Volume II, Front Line Protection Staff has an adequate coverage of what to look for in an investigation of a family. The reader is referred there for greater detail about the actual points in an investigation. To that detail, this manual adds the following points relevant to meeting with the family.

(i) If at all possible, try to see the family as a whole unit. This is the best way to assess how the family functions as a unit.

(ii) Try to see them at least once in their home. This will supply you with information about how they live and how they organize themselves in their own environment.

(iii) It may be necessary to determine what significant subsystems exist in the family and to interview them as units. For example, you may want to meet with the parenting subsystem (which might include a grandparent or an uncle) to better assess how it works.

(iv) In assessing, you need to respect the degree of risk of family retribution each member faces in revealing "truths" about the family.

(v) Weaker family members will need to be protected from "going too far," saying things that the family might prefer to leave unsaid. Frequently, little children can be coaxed by a visitor to say revealing things about

their family only to be dealt withsometimes harshly later. The assessing protection worker should be careful not to force or coax family members into saying "disloyal" things in front of others without first supporting the family to permit such disclosures. Further to this, remember that it is not always necessary to have anyone "report" that some particular dynamic happens in the family. Frequently, by skilful observing, the protection worker can see what is happening without having to get someone to "admit" it.

(vi) Some information properly belongs to one subsystem and not to the whole family. The protection worker must determine when this is an issue and protect the subsystem's privacy. For instance, parental sexual practices should not normally be discussed in front of the children. Frequently, the children have secrets which deserve to remain secret from their parents. The protection worker will need to exercise discretion, however, in honouring requests for secrecy from any one part of the family. The "family perspective" might require that the worker refuse to honour such secrets.

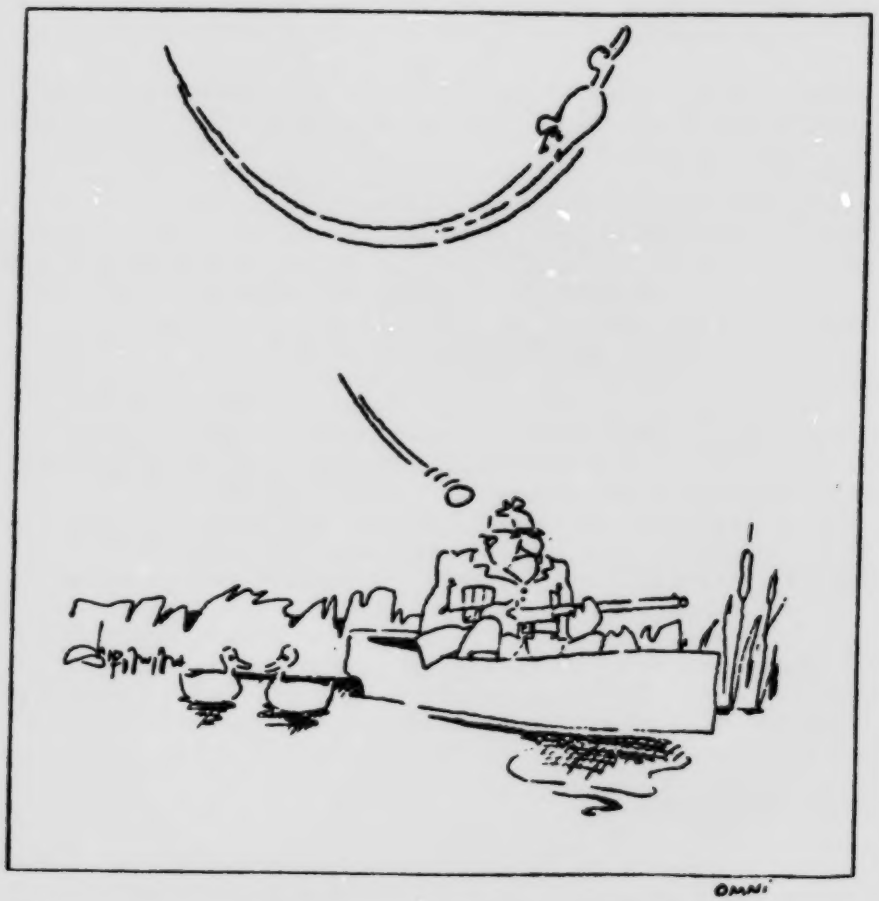
(vii) Since family members frequently distort, consciously or otherwise, their reports of how things actually occur in the family, the protection worker should try to see the family actually doing something as opposed to simply talking about it. This is especially true when you are trying to assess how effectively they function. For instance, rather than have them tell about their disciplining, have the parents take care of an incident with a child while you are present. Or have the parents work through a problem in your presence to see how well they communicate, share responsibility, etc. It is very difficult for families to do things in front of you without revealing highly significant features about themselves.

BASES FOR ASSESSMENT

In Section 11, there is a discussion of learning style which points to four stages in a learning process. We experience, observe and reflect, then seek help from abstractions before we plan what action we should take in response to our experience. The process of family assessment goes in much the same sequence.

In order to plan action, one needs a working hypothesis about what is going on. As one sits with the family, experiencing their reality from their points of view, one develops a sense of how they are organized, where the organization is weak, and what is needed to strengthen it. This "snese" is, in a way, the diagnosis. But it is crucial that anyone who works with families understands that this diagnosis, this "sense," can never be static. It should change

as your experience with the family develops and the family changes. Otherwise, the worker runs the risk of becoming stuck with an obsolete impression of the family which leaves the worker looking in the wrong direction. This opens the inevitability of a surprise, as in this cartoon.



In developing the assessment, the worker should examine six major areas:

1. What are the patterns and structures within which this family operates? Who has what parts in the patterns? What are the functions the patterns are designed to serve?

2. How flexible is the system? Is it capable of adjusting its structures to meet new events? Does it have overlapping structures which can come into play when needed? Do the subsystems and the alliances among members shift in the face of change?

3. How sensitive is the system to the needs and actions of individual members? Are the members so emotionally intertwined that when one cries, all cry? (The opposite of this is the family organization that pays little attention to the emotional conditions of its members. The family literature has devised a continuum of involvement in which families at the over-involved end are called disengaged. Families can fluctuate along this continuum as can subsystems within families. This dimension is a useful tool in assessment, since it suggests directions that intervention can take.)

4. What are the sources of support and pressure in the family's general context? (It is important to understand where the family sits in the larger picture. Their world as they experience it and conceptualize it will have a powerful impact on their adjustment.)

5. What developmental stage is the family experiencing? (Earlier material to this manual has pointed out the importance of understanding the stage in life the family is going through (See Section 7).)

6. Is the family seeking help or is help being thrust upon it, identifying one member as victim or patient? (It is vital that the worker understand the ways in which the identified one's symptoms or behaviours are used to maintain the family's preferred patterns of interaction.)

The answers to these questions will lead the family worker into planning. However, even as the worker begins the assessing process, the process of intervening has begun. These two processes are really only one. As one asks questions, joins, and hypothesizes, one is entering and consequently intervening in the family system. The kinds of questions you ask, the nonverbal communications, the actions you take, all communicate and thus are indicators to the family of the way you are to be dealt with.

Certainly, the family will be ambivalent about your intrusion. They will need to be sure that in your efforts to help you will not clumsily or maliciously disrupt their balance.

A FORMAL ASSESSMENT PROCESS

As you attempt to assess the family's need for child protection, the longer view requires that consideration be given to what the family might need to help them to return to, or acquire an acceptable level of functioning. What you need is a comprehensive process for systematically examining the family. There are key features to be observed and it is helpful to have a framework in mind to guide your examination. There is a number of such systematic frameworks, each described in the literature. However, one will be sufficient to

demonstrate their value.

Nathan Epstein and his colleagues have developed the "McMaster Model of Family Functioning."*

Family functions are grouped into three types:

1. Basic Tasks: Tasks primarily designed to take care of fundamental needs such as providing food, taking care of shelter, etc.

2. Developmental Tasks: These are of two types. (a) Those associated with the developmental stages that each individual goes through, eg. infancy, adolescence, etc. and (b) those associated with family stages, eg. the first pregnancy, birth, marriage of the oldest child, etc.

3. Hazardous Tasks: These include responses to crises. Such crises might involve illness, death, loss of work, moves, tragedies, etc.

While family behaviours tend to cluster into these three kinds of tasks the McMaster Model encourages you to study how the family functions in the performance of these tasks. Epstein et.al. study the performance from six points of view:

1. Problem Solving
2. Communication
3. Roles
4. Affective Responsiveness
5. Affective Involvement
6. Behaviour Control

1. Problem Solving

"The family's ability to resolve problems to a level that maintains effective family functioning" is assessed.

The problems to examine in assessing are those that threaten the capacity of the family to remain stable, or those that force the family to adopt solutions that will cause them trouble.

After you have discovered a significant problem, ascertain:

(a) Who sees "it" as a problem. Which family member has identified it and who "owns" it as his problem. Are there other problems identified or owned by the same person? Is there a pattern to be seen here.

* Adapted from: Epstein, Nathan B., Bishop, D.B., Levin, Sol, The McMaster Model of Family Functioning. Journal of Marriage and Family Counselling, 4:4, October, 1978.

(b) What was the communication process in the family after the problem was identified? Who went to whom?

(c) What plans did they make for resolving the problem? Did they have alternatives? Is the same plan used for every problem?

(d) Who decided what would be done? Did anyone make a decision? Were decisions honoured by others? Do they bother with alternatives, or just go ahead in a rigid, predetermined way?

(e) Did they actually carry out their plan? Did they fail to act, or fail to co-operate?

(f) Did people check back with one another regarding outcome? Did they try to learn from their experience with the problem? Clearly, the more effective the family, the further along these steps they will go. The least effective families cannot even identify problems.

Careful analysis of this process suggests possible places to intervene. Some families will need help to even identify a problem to be worked on. More effective families may just need help to see another alternative they can try.

2. Communication

Four styles of communication are outlined. The styles are based on the recognition that communications can be clear or masked. The more masked the communication, the more it is vague, unclear. If communication is clear, the message is expressed clearly and gets through as intended.

Also, communication can be direct or indirect. Direct messages are clearly directed at the intended receiver. The more indirect the message, the harder it is to tell for whom is was intended.

Putting these two together, four styles are identified:

(a) Clear and direct communication. The message is clear and is directed straight to the intended receiver. "I don't like you to do that."
(b) Clear and indirect communication. Clear message, but unclear recipient. "I don't like girls to do that." It is not directed at anyone in particular and you would have to decide for yourself whether the message was meant for you.
(c) Masked and direct communication. Unclear message, but directed to the one who is supposed to get it. "There's something I don't like you doing."
(d) Masked and indirect communication. Nothing is clear or direct about this communication. "The things some people do ...!"

The more masked and indirect the communication in the family, the harder it will be for the family to cope with stress and adapt to change. In

assessing, watch to see if a specific style of communication is used between or within specific subsystems of the family. In addition to style of communication, you should also attend to content as well. Messages can be clear and direct and still contain information that arouses others into anger or confusion, etc.

Consequently, in assessing communication, you should:

- Look to the sender of the message. (Are there nonverbal cues that change the message's meaning, for example);
- Look to the message itself. (Is it clear, directly sent, etc.);
- Look to the receiver. (Is the message being interpreted correctly; is the receiver listening, etc.)

3. Roles

In Section 3, we discussed functions. Each family member is responsible for some parts of the overall functioning of a family. One way to think about this is that each member has roles to perform. Roles can be associated with functions. For example, the wife has sexual functions to perform, the parent has life skills training functions to perform, the child may have to look after someone's emotional wellbeing, etc.

The following is a sampling of assessment questions regarding roles --

(a) How do role assignments get made in the family? For some roles this is an obvious process, but for some it is not, eg. Who tries to prevent Dad's temper?

(b) Are assignments made to people who can actually carry them out? A child might not be properly equipped to handle the role she is expected to play. Is a parent carrying more than she is capable of? (See Section 8 regarding overfunctioning.)

(c) Are some members overburdened, while others are spared?

(d) Once roles are assigned, how well does the family keep track of accomplishments? Do successes get appreciated? Do failures get punished?

(e) How clear are the role assignments? Are people confused about who does what? Do they resent, approve, of the process? Is there rebellion?

4. Affective Responsiveness

How do family members respond to one another's feelings? Do they overrespond, or underrespond; is the expression appropriate to what is presented? For example, when one member cries, does it draw sympathy or

criticism? Is the response harsh, or so understated that only a trained eye could see it? When people express needs, how do others respond? The more effective family will have a wide range of ways to respond and will use these ways sensitively and appropriately. Rigid or dysfunctional families will have only a few ways of responding and will have difficulty expanding their repertoire.

5. Affective Involvement

How much do family members show interest in and involvement with the interests and activities of other family members? How much interest is shown and how is it shown? Is the interest different depending upon which family member is considered?

There may be lack of involvement; involvement but with very little feeling; involvement only because the activity feeds the others' narcissistic needs; empathetic involvement in which the experience is shared; overinvolvement in which the one threatens to take over the activity; and symbiotic involvement in which the activity is so completely shared that it's hard to tell where one person ends and the other picks up.

6. Behaviour Control

The McMaster Model for assessment examines how the family handles behaviour in three types of situations:

(a) Physically dangerous situations. Behaviour control is important in such situations. How do they establish and maintain this control? Are they in control? Are there certain types of situations that they are unable to control, or ignorant about the danger? Are they able to change their methods of controlling as the need for control changes, eg. when children grow more responsible, do the rules change?

(b) Situations involving socializing behaviour. Families differ in the ways they want their members to behave inside the family and outside. What are this family's expectations? Are they realistic? How have they trained the members? Are there cultural issues to be considered here? How different is the expectation about inside behaviour from that about outside behaviour?

(c) Situations around meeting and expressing needs and drives. The family is a place for getting needs met. What are their patterns for controlling drives and needs relating to eating, sleeping, sex, aggression, elimination, pleasure seeking, etc.?

In their exercise of control, does the family demand a rigidly controlled pattern in which little spontaneity can occur? Is there a flexible style in which reasonable standards are maintained and can be

changed fairly easily if the situation demands it? Or do they just let things go, permitting everyone to express as they wish? In the extreme, do they behave chaotically, never setting any kinds of expectations or changing expectations randomly, shifting from permissiveness to rigidity and back again?

SUMMARY

In assessing, the protection worker is entering a novel environment, a new family filled with unusual features. In order to make some sense of all this novelty, the worker would do well to have a systematic way of approaching the family.

A systematic approach need not be a fixed and dried one. Rather, with a framework for thinking about a family, a worker can enter the situation with all its peculiarities and distinguish the needed information from the irrelevant.

While it is easiest to get information about family functioning by seeing the family together, with a systematic framework the worker can extract needed bits of information from meetings with subsystems of the family.

Above all, possessing a useful and practical assessment framework frees the worker from the crippling doubt about whether "I have all the information needed from them." A good framework for assessment is your best ally when it comes to planning what you will do for the family.

SECTION 14

EXAMPLES OF TWO TYPES OF DYSFUNCTIONAL FAMILY SYSTEMS

The protection worker's assessment might have to be hastily assembled and incomplete since immediate action is sometimes required. Nevertheless, the ideal is to have as thorough an understanding as possible.

Family structures and patterns can be very complex; a preliminary overview before immediate action can give a sophisticated worker a great deal of information to work with. There are signs and cues that are a tip-off for certain kinds of families. With experience and careful attention to the growing literature pertaining to helping families, a protection worker will come to recognize the cues.

This section provides an intensive look at two kinds of family patterns which are destructive and also quite common.

The first family pattern involves destructive mechanisms for dealing with loss and mourning. The second family pattern involves a fairly common phenomenon that has been called scapegoating. Probably every protection worker knows the expression "scapegoated child". Both of these examinations were drawn from the literature of family work. Please read them with two things in mind.

a) while your work will probably not require you to provide assessment analyses as thoroughly detailed as these studies are, you will find cues for identifying and ways of understanding events you undoubtedly see frequently, whether you know it or not.

b) there are many more studies of types of cases in the literature together with descriptions of methods that work. Whether you provide the counselling to the family yourself or refer them to a family therapist, you will benefit from making yourself familiar with these dynamics.

INADEQUATE MOURNING*

The movement of families through developmental stages is a complex process and requires intact development of individual identities and family relationships. The ability or inability of family members and the family unit to cope with loss may have serious consequences on the normal sequences of family growth.

* This material is adopted from Paul, Norman L., and Grosser, George H., Operational Mourning and its role in conjoint family therapy Community Mental Health Journal, 1, 4, 1965.

Mourning due to loss may be aroused by a number of traumatic family occurrences including, loss of a family member through death, separation or rejection, or it may result from more common events such as moving with its uprooting of community ties, friendships and routines.

Strong defense mechanisms may be established that inhibit mourning and result in deficient emotional development. Typically, this results in an inability to express important emotions. In some instances, inability to cope with loss may become an ingrained family pattern. This inability may even be transferred to the next generation. The set of family relationships become highly resistant to change, resulting in a "fixed equilibrium". As long as the family is operating without stress, they will appear to be handling their functions acceptably. However, there is a tendency to return to the rigid "fixed equilibrium" threatened by change or loss. A direct consequence of such family rigidity is that the family's developmental process becomes blocked.

Specifically, an inability to cope with loss is usually expressed through denial of its emotional significance. There is a rationalization of grief that results, and any abbreviated mourning that may occur is carefully hidden from the children. Feelings and attitudes toward lost persons remain essentially unchanged instead of gradually shifting with the healing of time. Recent losses will evoke similiar reaction patterns. There is a denial or warding off of losses and disappointments. The children who grow up in this atmosphere have little opportunity to experience or understand the adults' emotions and, consequently, become stunted in their own growth.

INTERVENTIONS

The key to working with families who exhibit such characteristics, is the dislodging of defenses, and the mobilizing of those emotions that might aid in disrupting the "fixed equilibrium".

Bowlby * (1961) states that there are phases to the mourning process through which a family must move. In the first phase, there is a strong urge to get the lost one back, to make it all better again. Inability to deal with this reaction leads to denial and further adjustment stops. Eventually, the person will have to absorb the pain and grow to understand and accept the reality of the loss.

* This material is adopted from Bowlby, J. Processes of Mourning. Int. J. of Psychoanal., 1961, 42, 317-340.

But there is an understandable and powerful urge to avoid the struggle. So denial stops all development. The denial will spread through the family as everyone protects everyone else as they themselves need to be protected.

Breaking up this rigid, denying, unemotional pattern is crucial to their growth. One can help them to break out by directly asking individual members about their reactions to actual losses. Through continued discussion of the event suppressed emotions will emerge. The use of this method of a "corrective mourning experience" can have an impact. It can create a powerful empathetic experience for the family, and it may, in some instances, be the first time grown children have heard their parent(s) describe very painful events and express some level of emotion.

Open examination and discussion of painful situations can reduce anxiety as the talking about it never proves to be as painful as the original event. Frequent references to it gradually desensitize the person and remove the sting from the issue. This holds true for all sorts of other repressed emotional experiences, as well.

As a result of this process, family members once more become able to share emotional experiences with each other, and they develop an increased familiarity with the experience of grief and its derivatives.

Movement out of a fixated state leads the family into phase 2 of the mourning process. The breakdown and release of well established defense mechanisms is a painful process. Reactions often include disruptions such as insomnia, tension, digestive tract symptoms, depression, and free-floating anxiety. In defence, there may be a frantic search for expert advice, or an immersion in various "busy work" activities. It is this temporary personal disorganization that particularly characterizes phase 2 of the mourning process.

The final phase of the mourning process for the family is the emergence of new interests on the part of each family member, and the development of their own individualization. It is at this point, that the family can once again begin their developmental progress.

THE EMOTIONALLY DISTURBED CHILD AS THE FAMILY SCAPEGOAT*

Scapegoating is a general phenomenon, the function of which "is to simply effect a total clearance of all the ills that have been infesting in people". This function becomes very relevant when considering the disturbed child and the family context in which he/she resides. In basic terms, the scapegoat condenses a variety of social and

*This material is adopted from Vogel, Ezra F., and Bell, Norman W. in N.W. Bell with E.F. Vogel (eds), A Modern Introduction to the Family. Glencoe, Ill: The Free Press of Glencoe, 1960 pp. 382-397.

psychological problems impinging on a family, and in turn manifests them through inappropriate and unacceptable behaviours and emotional instabilities.

Typically, the scapegoated child can be viewed as the embodiment of certain types of conflicts between parents. However, any two strong forces within a family may pull in a weaker member. The intent would be to channel anxiety and tension, and to form the basis for needed solidarity. The following discussion will focus on:

1) the sources of tension in families that lead to scapegoating,
2) how a scapegoat is chosen,
3) and inducted into the role,
4) the rationalizations of scapegoating, and
5) the functions and dysfunctions of scapegoats.

1. Sources of Tension That Lead To Scapegoating

Generally, tension within a family stems from a difficult marital relationship in which each spouse is somehow concerned about the behaviour of the other. Neither can talk directly to the other about the concerns because communcation about the problems is considered too dangerous. There is fear that the response from the other will make things worse. So as they mask or evade the sources of tension, and as the tension continues to build, they need a device for resolving the tension. The role of scapegoat is born.

By finding someone about whom they can complain freely, they come together but only on one topic: the awfulness of the scapegoat. They can now show their anger and frustrations without criticism from the other. This permits them to continue to live together in some sense of equilibrium.

Tensions within the marital subsystem may arise for a variety of reasons.

a) conflict arising from different 'cultural value orientations' may occur when one or both of the spouses are confused about or antagonistic to the others values. For example, the Canadian wife wants a "liberated" lifestyle while the immigrant husband has old country ideas of how a woman should behave.

b) A second source of conflict may involve differing relationships with families of origin. Tensions will ensue when spouses are firmly attached to their own parents, but antagonistic to parent-in-law. The same situation could develop involving attachments to the in-laws and antagonisms to their own parents.

c) A third source of tension in families who have employed the method of scapegoating, is difficulty relating with the larger

community. Such families may have been rejected, or be rejecting of their immediate community. An example would be a family that is subjected to disapproval from a very clost-knit ethnic neightbourhood, or possibly a family that has recently moved from an ethnic community to a fashionable suburb, where they feel alienated. Social contact in these cases is minimal and pressures build in the family because the family cannot meet its own social needs.

2. Selection of the Scapegoat

Tensions will build in such families to such a degree that the pressure must be discharged, and the parents will search for an object through which to symbolize their conflict. In many cases this role could be fulfilled by an individual or group outside of the family. Typically, however, such families have internalized the standards of their surrounding community to such a degree that there is some difficulty finding a legitimate basis for scapegoating. They feel they cannot take the risk of ventilating into the community any more than they can take the risk of taking their feelings out on one another. In addition, such families have tenuous ties with their community, are concerned about being accepted, and would rarely express antagonism directly.

The pattern of channeling tension back into the family, avoids these external difficulties.

There are certain essential features of the scapegoat that must be present in the victim. The features are commonly found in a child. It is important that the chosen one have a relatively powerless position in the family so that the parents cannot be blocked. The individual must be too dependent to leave and he must have a fairly weak set of defenses. Importantly, since the scapegoat will be unable to perform usual task roles due to tension, it is critical that family members performing essential, irreplaceable functions are not scapegoated. A child is an ideal choice, because the still undeveloped and flexible personality, can be molded to adopt a particular role. Once the parents start to focus on the chosen one they begin to see the characteristics which they desire in themselves and each other. By fussing over these characteristics, the parents transform the child into a symbolically appropriate object upon which to focus their own anxieties.

The actual selection of a particular child as the scapegoat typically is intimately related to the source of the family tension.

a) If the tension involved competing views around achievement expectations, a child who has failed to match expectations may become the symbol of failure, or perhaps a child who is achieving independently may

become the scapegoat for reason of violating the norms of the group. b) The tension between parents may stem from their unresolved or childhood problems. The particular position of a child in a sibling group and/or the sex of a child may be directly related to unresolved difficulties one or both parents had in their own childhood. This is shown in the following case: in a family with unusual levels of rivalry between the eldest child and the next in line, the parents sided with the second sibling because their own childhood experiences and difficulties resembled his.

c) In many cases, parents will identify with a child that resembles one of the parents. In these cases the child is seen as possessing undesirable traits, and instead of fighting each other about the same traits in one of the spouses, they "agree" to attack the traits in the child.

d) A common occasion for scapegoating flows from tensions about level of achievement. Often a scapegoat will be a child of lower intelligence living in a family with serious conflicts about the value of achievement. These parents are unable to accept the fact that their child has limited abilities and continually set up impossible standards. In some cases the conflict can be reversed when parents resolve their conflicts about achievement by denying that they are interested in achievement, and subsequently focus hostility on the child with higher intelligence and greater physical activity. In this instance, the child is seen as very aggressive and always doing too much, and the parents are continually worried that he is 'too smart'.

e) In a number of cases, the scapegoated child will have some serious disease or a striking physical abnormality. It is not the mere existence of a physical defect that results in scapegoating, rather the meaning of the abnormality in the life of the family gives it its significance. In some families, there will be a feeling that they committed certain sins by not living up to their ideals, for instance by using contraceptives. The child's abnormalities become a symbol of the family's sin and the child is seen as sinful and not living up to the standards of the group. Reactions from the community only serve to further aggravate the level of shame and anxiety, since the family's relationship with the community is likely to be tenuous in any case. The child's problems symbolize the parents' past and present problems with the neighbourhood, and thus rather than sympathize with the child, they abuse him/her all the more.

(f) A further example can be found in families where the spouses are experiencing difficulty in their sexual life. Rather than face these maladjustments directly, the problems get expressed through concern about the masculinity and normality of a slender, graceful son.

(g) In cases where there is a serious family problem and no child is

an appropriate symbol of the problem, there must be considerable cognitive distortion in order to permit the most appropriate one available to be used as a scapegoat. If problems develop early on in a marriage, often the first available object, that being the first child, is selected for projection purely out of availability.

3. Induction of the Child Into the Scapegoat Role

If a child is to be a "satisfactory" scapegoat, he/she must carry out the role as "problem child". The problem behaviour must be reinforced strongly enough so that it will continue in spite of the hostility and anxiety it produces in the child. A delicate balance is represented here, and is sustained by inconsistencies inherent in the dealings with the child. In most cases, since certain behaviour of the child will violate recognized social norms, the parents will explicitly criticize the child and at times even punish him/her. However, in some way the child is also implicitly supported to perform the very behaviour they critize. Such support could take many forms such as, failure to follow through, delayed punishment, indifference to and acceptance of the symptom (e.g. bedwetting). Unusual interest in the child's symptom, or considerable secondary gratification offered to the child because of his/her symptom e.g. special attention or exemption from certain responsibilities.

A further form of inconsistency is seen when one parent encourages a type of behaviour, but the other encourages an opposing type of behaviour. This method allows one spouse to express annoyance to the other indirectly without endangering the marital relationship. Often encouragement necessarily remains implicit to enable the spouse to deny that such encouragement is given and avoid marital conflict.

A third form of parental inconsistency arises due to changing expectations. Conflict may arise from two differing desires; teaching the child to behave properly and not being "too hard on the child". On one hand a parent may be extremely aggressive and critical, and later feel guilty and thus be extremely affectionate and supportive. The rationale for such inconsistency would be a desire to teach the desired behaviour without being too hard on the child. Its latent function however would be to prevent the child from consistently living up to the ostensibly desired behaviour and to preserve the disliked behaviour.

The delicacy of this balance can best be exemplified by the problem of bed-wetting. Often if both parents make an effort to be firm at the same time, the child will stop bed-wetting. Very soon, however, by putting a rubber sheet on the bed, or buying special night clothes "just in case he wets" the child is encouraged to wet again. In general, the implicit demands carry greater sanction power and a child will continue with the behaviour of which the parents

unconsciously approved even though they consciously disapproved.

Conflicting expectations of a child may exist over a long period of time, and subsequently the child will internalize the conflict. Once the child is selected as deviant, there is a circular reaction which tends to perpetuate this role assignment. Once he has responded to his parents' implicit wishes and acts in a somewhat disturbed manner, the parents can treat him as if he really is a problem.

4. The Rationalization of Scapegoating

A scapegoating situation, once established, creates a relatively stable equilibrium for the family functioning. There are however, difficulties maintaining this equilibrium. Parents have considerable guilt about the way they treat their child, and once the child begins socialization outside of the home considerable pressure can be brought to bear for some action to be taken.

One form of parental rationalization at this stage, is to define themselves a victims, rather than the children. They stress how much difficulty they have coping with all the problems posed by their child.

An alternate form of rationalization is to emphasize how fortunate their children really are. Parents point to an improved standard of living from their own childhood days, and complain that children today "always want more". Such a view provides a legitimate excuse for depriving their children of desired objects. A closely related rationalization is tied to current child-rearing practices and the view that children today "get away with murder".

Parents also use various specific norms to justify their behaviour. As long as the permission for disobeying the sanctions is implicit, it is always possible for the parents to deny that they are really giving it. They generally, are able to interpret the child's behaviour as willful badness, and that the child could behave differently if he really wanted to. At times, parents deny completely that they scapegoat a particular child, insisting that they treat all children just the same, or that one child is just different from the others and deserves punishment.

5. Functions and Dysfunctions of Scapegoating

a) Functions

Primarily, scapegoating serves as a personality stabilizing process for the parents. Projection of their own internal conflicts onto the children serves to minimize and control these difficulties. As a result, parents are able to live up to their commitments to the wider society, as steady workers and relatively respectable community members.

The family views the scapegoating process as a means of maintaining its solidarity. By focusing on one particular child, the families are able to encapsulate problems and anxieties which could potentially disrupt various family processes.

b) Dysfunctions

Scapegoating over long periods of time leads to the emotional disturbance of the scapegoated child. As a result, realistic problems and extra tasks are created for the family, since the child will require special care and attention.

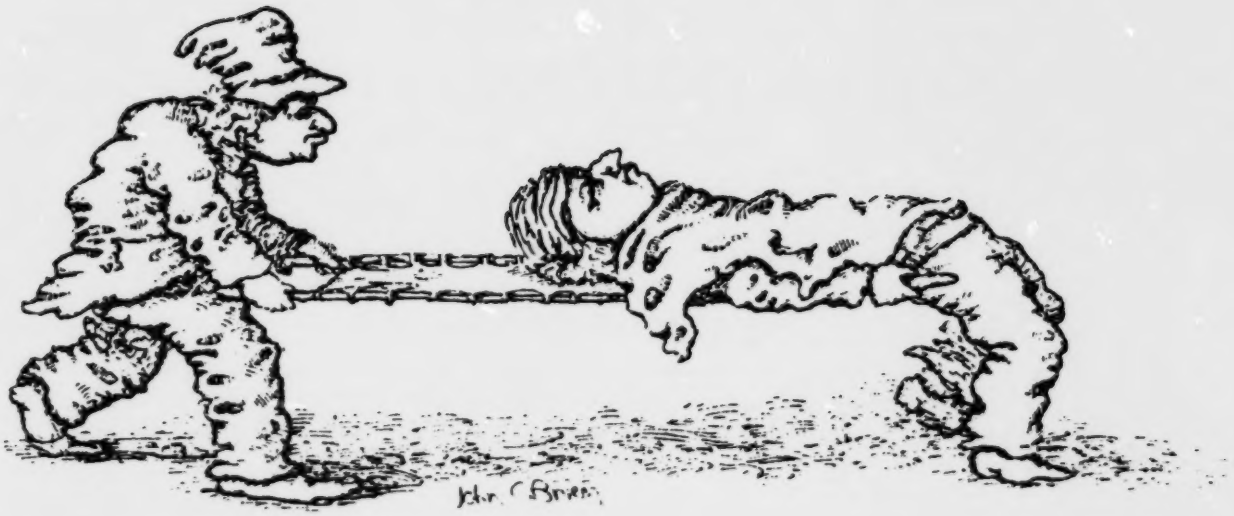
In addition, while the child is responsive to the implicit sanctions of his parents, he too, may develop mechanisms for fighting back and punishing the parents for the way they treat him. The child may become very skilled in arousing the parents anxieties or in consciously bungling something the parents want done.

The child at some stage begins associations with people outside the home e.g. teachers. It is often at this stage that a child will be referred for help. While the child's behaviour was perfectly tolerable to the parents before, his behaviour suddenly becomes intolerable. The family is now in conflict between using the child as a scapegoat and identifying with the child because of his role as family representative to the outside. As a result, while on the whole the child's disturbance served to relieve family tensions, it often leads to further family tensions.

In the final analysis, there can be major damage to the personality of the child. The scapegoating mechanism may be functional for the family as a group, but is dysfunctional for the emotional health of the child and for his adjustment outside the family.

CONCLUSION

This examination of the scapegoating family points up two important features of family life: 1. trouble in one subsystem produces problems which may show up elsewhere in the family; 2. the family members will go to great lengths (including sacrifice) to maintain the solidarity of the family as they know it. The paradox of the "rescuing casualty" is portrayed graphically in this cartoon



SECTION 15

LOOKING BEYOND THE FAMILY TO NETWORKS

THE NUCLEAR FAMILY

Much of what we have examined in this manual has focussed on the family unit that is made up of a parenting component and children. While this unit can and frequently does, contain members who do not all live under the same roof, this nuclear family usually does live as a unit.

There are few people, however, who are not a part of other social systems besides their nuclear family. Membership in a social system implies some involvement and relationships. These relationships and the energy of the social systems to which family members belong are a major source of sustenance and support, particularly in times of crisis. Who, for example, doesn't count on his family for support at a time of serious illness? Similarly, we rely on the social networks at work for social stimulation: for reinforcement of effort, and as a source of friendships. Children are involved in a complex social system; the school, which provides them with an extremely rich variety of social, emotional and learning experiences.

The nuclear family is by far the most significant social educator and supplier for the young child. However, as we age, we extend ourselves beyond the nuclear family, developing as we go, connections in the extended family, our community, other social systems, and out of these we develop a network of personal friends.

Some families have difficulty in establishing these networks. This is particularly true of poorly organized families who are prone to states of crises and who are burdened with many economic, health and/or emotional problems.

The protection worker can make use of social networks to increase support to clients but there are some skills to be developed. Let us examine a few of the social networks available to the family and consider the operations that the protection worker might perform or refer to others.

THE EXTENDED FAMILY

The first major resource to be considered for any family is the family's extended family netework. This includes all relatives, by blood, law or adoption. This network is especially rich because there is an automatic connection between the relatives, even though they may not have met in recent years. It is important, too, because it will contain a variety of people of different ages, status and social function. Equally important, it can contain people with experience in roles that family members need help to develop. A mother, for instance, could exchange parenting skills with another mother.

The protection worker should give careful consideration to the value of drawing in members of the extended family to help or even just to be aware of progress.

Members of the extended family have a moral connection to the family which makes it possible to ask them to take responsibility to encourage, even pressure, your client family to engage in the treatment process. They can use methods of persuasion not available to you because they know the family. They also can help the process of treatment by encouraging the client family to trust the service providers. They can represent to people in the client family an external judge who will settle disputes. In short, extended family members can be a major resource to the protection worker.

They can, too, be a pain in the neck. Care should be taken to assess the quality of the advice given and the nature of the relationships. If the extended family member is disruptive to the treatment process, you might have to interrupt the contact, if possible, or attempt to neutralize its effect.

There are several ways extended family members can interfere:

a) <u>they want to maintain the status quo</u>. If the client family improves in their coping, this may upset the needs of the extended family member. An Example: a brother provokes his brother-in-law into abusive rage so as to "get the goods" on him and break up the unwanted marriage to his sister.

b) <u>they are fearful or distrustful of the treatment network</u>. This can result in advice to discontinue involvement in needed treatment and thence to confusion in the family. In this circumstance, you might be able to shift the suspicious attitude through some careful work with the relative.

c) they want the treatment agents to focus on them instead. They can jealously interfere and beg for your attention. They may do this under the guise of reporting emergencies or making dire predictions. The protection worker will have to learn to gauge the seriousness of the problem and perhaps refer the relative to an appropriate resource.

The advantages though, of family involvement in the treatment program outweigh the disadvantages if the worker can afford the time to make use of them.

SOCIAL NETWORKS

We all belong to social networks: the work, play, church, etc. groups we spend time with. In gathering these networks around us, we are providing ourselves with some significant benefits in living. Let's review a few:

a) our social networks provide us with emotional support. When we're feeling low, contact with friends or minister, or supervisor can be helpful. We tend to get our value confirmed in our contacts with people who value us.

b) we get assistance. When you need extra money, or help moving the refrigerator, it is important to know that there is someone you can call.

c) we have the opportunity to feel trusted. Others share "valuable" secrets, thoughts, vulnerabilities. We feel stronger and valued, as a result.

d) we get feedback about our performance in living. We get acknowledgment for our accomplishment and caring challenge for failures.

e) we get a sense of belonging. The human being is a social animal and vitally requires contact with others and some relief from the feeling of being alien.

f) we get stimulation in all its required forms.

g) we get company when we want to do things or go places.

h) we get information without having to pay for it.

i) we get the opportunity to give provide nurturance to others, and thus to feel our own worth.

There is a great deal of evidence showing that families who experience multiple problems are also significantly deficient in social networks.

Similarly, when families are experiencing certain kinds of crises, they tend not to mobilize the networks they have. These kinds of crises are of the sort that they feel will bring shame to them, and could very likely include the kinds of crises which would involve the protection worker.

So some intervention approaches involving networks should be considered as part of the protection worker's range of skills.

RECONNECTING THE FAMILY

There are several operations in this category.

a) People in need of social or emotional help frequently feel ashamed. Some reassuring will be necessary. Helping the client to reinterpret what it means to ask someone else for help will be important. For example, it may be useful to review with the clients, occasions in which they were able to offer help to others and have them review their own attitude toward the help-seeker.

b) It will be important to work through client attitude that going to someone in social network constitutes a failure to handle one's own problems.

c) A review of the client's attitudes toward the professional service network may be necessary. Here it will be important to help the clients bridge the gap between their vague apprehension and their experiences with actual people. Were they helpful? Did they seem to care?, etc. A new look at the services as "personal" and "caring" is the approach here.

d) It may be necessary to assess if social skills are present in the clients. If not, they may need basic social skills training or coaching. You may have to refer them to group or social programs which could serve as intermediaries. Frequently, community and church organizations can supply such experiences.

e) A "network potential inventory" could be taken. In this exercise, you would spend time with the client asking questions and making a list of all of the people the clients know in the community. You would then help them see the potential each person on the list might have to help them get connected. For example, the family might feel very unconnected. But their list may be longer than they would have thought before they started. And out of the list, in the review of who is a potential aid in getting access to support networks, might uncover several significant people worth approaching. The children's teacher, for example, who happens also to be a member of a local church and would be willing to introduce the children to the church young people's group.

f) It is important, in this process, to have the exercise result in a definite and concrete plan, e.g., tomorrow, you will call Mrs. Martin at the school, to get the phone number of the church. Then you will call the church, using Mrs. Martin's name, and ask about the times of the group, etc.

USING THE NETWORK AS A SELF HELP DEVICE

An important part of the protection worker's tools is to see that the family can function on its own without the permanent involvement of the C.A.S. To this end, you will want to build in as many supports as possible. There are four aspects of using networks that can be reviewed here. Each way has its implications for protection work practice and the worker will be expected to extend imagination to be innovative in this area.

a) Social Networks can soften the effects of stress and, consequently, can reduce reliance on crises services. Training the parents in the family to turn to significant people in their community network in times of stress can reduce the dangerous build-ups of stress that result in explosive episodes.

b) The chronic social welfare users take the time of highly skilled professionals more for their caring human contact than for their specialized skills. Training family members to seek out others in their social sphere and to trust them will pay dividends later.

c) Connecting families with good social contacts provides them with trusted outside monitors of crisis build-up. The problem with many "crises" cases is that their emergency was allowed to build and no one saw it until very late in the process. The protection worker would be wise to develop an acquaintance in the social network of such "crises-prone" families who would agree to monitor and give feedback to the family if any new problems were seen to be building up for them.

d) The people in the network will also serve to shape attitudes and ideas about what it means to seek help. To this end, the protection worker who works in a specifiable community, would do well to make contact with non-client families, establishing an image of approachability, caring and social responsibility. This could be accomplished, for example, through brief, informal conversations with people in an apartment building's hallway or with parents who happen to be at the local school when you are there, etc.

The payoff value to time spent in this way is hard to assess. However, in time, as you develop contacts in your community, you, too, will have developed a social network of your own. You would be well advised to attempt to do this systematically, noting people living

in certain areas, who have the potential to be caring and supportive to others. One of these people could be, for instance, drawn in, on a voluntary basis, to support in some way a selected client family in the neighbourhood.

CONCLUSION

There is a growing awareness, in the social service field, that social networks are important and valuable sources of strength in a community. But we don't know a great deal yet about how to incorporate this phenomenon into our practice.

This section brought a few ideas together but is far from exhaustive.

The interested worker is advised to do some reading in the area of social networks. There are several references that would provide a good basis.

Erickson, G. The Concept of Personal Network in Clinical Practice. Family Process, 1975, 14, 487-498

Leutz, W. The informal community caregiver; a link between the health care system and local residents. American Journal of Orthopsychiatry 1976, 46, 678-688

Speck, R. and Reuveni, V. Network Therapy - a developing concept. Family Process, 1969, 8, 182-191

SECTION 16

PLANNING THE SERVICE TO THE FAMILY

WHY PLAN?

There is probably only one good reason to plan: improved quality of service. Is this a good enough reason to make the extra effort? Let us look briefly at the implications.

Protection work is not an exact science and there is no way of bringing certainty to the decision-making process involving protection cases. Some planning, specifically goal-based planning, will improve your changes of making an appropriate decision.

The nature of your work places high value on experience and intuition. Planning should provide checks and balances, challenging you to ensure appropriate intervention and improving your chances of mustering the appropriate resources.

ROADBLOCKS TO PLANNING

1. Lack of Time.

Client contact, court appearances, travel time, liaison with other agencies all gouge huge chunks out of your available time. There just does not seem to be enough time to sit down and write up a plan.

We would answer that planning ensures efficient use of time. None is wasted pursuing methods and resources which some planning would have revealed as unworkable or inappropriate. Planning should ensure that duplication of efforts is avoided. For example, the time taken to consider who needs to be involved in a discussion of future resourcing of a multi-problem family and then gathering these people for a single discussion will avoid a much larger time expenditure in negotiating with each individual resource.

2. Case Volatility.

Every protection case we know of is volatile or potentially so. It is the rule rather than the exception that prompt action is necessary at some point in a case.

Advance planning may or may not point the worker in the direction of the appropriate action for the moment. It could, however, have eliminated many possibilities.

Case volatility suggests that planning should be short-term and without expectations for substantial changes. This way, your goals can be easily evaluated and adjusted before too much time and energy is wasted.

3. Cost.

There is no argument that time and consultation cost money. However, if planning time and consultation help to focus the efforts of the worker on goals which can be attained in a reasonable amount of time with appropriate support, then effectiveness and efficiency are improved, burn-out may be avoided, and everybody gets their money's worth.

SUMMARY: The usefulness of Planning

Case planning should ensure that the right information gets to the right people at the right time, on an ongoing basis, to facilitate the making of good decisions. Goals set in the planning process should be realistically attainable within a short time.

THE GOAL SETTING PROCESS

Let us now look at a goal-setting process which we believe will be useful to you as a protection worker.

How to Plan

1. Use a common method.
2. Set short-term goals.
3. Evaluate your progress regularly.
4. Include case coordination in your planning.

Let's look at each of these items in a little more detail.

1. USE A COMMON METHOD

Understanding and communication is facilitated when all parties to the planning process use the same format in their documentation. A consistent format will also ensure that all relevant areas of functioning are considered, not just those which present themselves as problem areas. Consistency is facilitated when there is a common understanding of how often a case will be conferenced, who will attend, and where the conference will be held. This is a key aspect in getting the right information to the right people at the right time.

2. SET SHORT-TERM GOALS

Short term goals, as we have said before, are probably the only kind of goals useful in planning for the volatile cases we see in protection work.

Setting appropriate and useful goals is not, however, a trivial task. We must convert case information into a statement which is meaningful, relevant to the case needs, and attainable in a reasonable time frame. There is a sequence that is useful in making this conversion.

1. Identification of problem area.
2. Identification of underlying need.
3. Formation of statements of expected behaviour which demonstrate movement in the need area -- goal-setting.

Let's look at an example to help us work through the sequence.

> A worker goes to a home where negligence is suspected. The worker is confronted with a depressed single mother with three children, ranging in age from two to seven years old. The eldest, a boy, appears unkempt and scrawny but is active and verbal. The middle child, a four-year old girl attending a junior kindergarten program is similarly unkempt but, in contrast to the boy, is listless and lacking in colour. The youngest, a little girl, is clean, comfortably dressed, and relatively robust in appearance.

Taking only this small slice of information from the assessment we will follow the sequence, artificially disregarding the rest of the assessment data.

Step 1. Identification of Problem Area

From the above case material and corroborating data, the worker knows that mother has limited means, but dotes upon her youngest child. The other two are left to fend for themselves. The boy manages this reasonably well, taking what he can from the kitchen and snacking at the homes of his friends. Restricted to this subset of information, the worker decides that the problem area to be focused upon is the current condition of the middle child, the four year old girl.

Step 2. Identification of Underlying Need

Again, with only this set of information, the worker identifies the need for nurturance for the little girl. (We appreciate that this step is not always quite so straightforward. In fact, it often requires some expert advice to derive the underlying need from the presenting behaviour)

Step 3. Goal-Setting (also called writing statements of expected behaviour which demonstrate movement in the need areas)

Before the worker jumps into this step, we will offer some advice:

1. Set goals which are related to case needs.
2. Set goals which are possible, given the client's resources.

3. Set goals which are realistic, given the client's present level of functioning.

4. Set goals which are attainable within the time-frame of your involvement.

5. Write goals that specify an objective rather than a process.

6. Write statements which describe what the client does, not what the worker does.

Without our advice the worker may have come up with a goal like:

"Help mother learn ways to provide nurturance to her children"

The flaws are obvious. It is a goal for the worker, not mother; it focuses on process not objective; it is not specific enough, etc.

Having heard our advice, the worker tries again:

"Mother to provide adequate meals for Mary."

Much better! It certainly satisfies criteria 1, 3, 4, and 6. We do not know in our mini-case what resources are available to mother, hence number 3 might be satisfied given further information or through another goal focused on mother's means. The worker has specified the needy child, but the goal could be improved by including an observable behaviour (an indicator) which demonstrated that the goal has been met, like this:

"Mother to consistently provide Mary with three nutritious meals a day."

Not bad at all! If mother and the worker can agree upon a definition of nutritious, they have a goal which can be demonstrated or accurately reported to their mutual satisfaction.

We do not wish for a moment to suggest that this is the most appropriate goal to the circumstances of the case. In fact, why not take time right now to compose two goals of your own that you consider relevant to the case needs.

3. EVALUATE YOUR PROGRESS REGULARLY

This point needs little elaboration, but we have a few suggestions to help make the task less onerous.

First, keep the goals to a manageable number, say, four or five.

We realize that many more could be suggested for any case, but by selecting

the most crucial to the success of the case the number can be reduced. Another strategy is to prioritize goals which must be attained before further progress can be made, then replacing them as the case develops. Such sequencing is especially appropriate to the volatile case where the second step depends heavily upon the outcome of the first.

Secondly, by making the goals concrete, observable behaviours, evaluation of progress is simplified. Progress, or lack of it, is easily identified and adjustments can be made accordingly.

Thirdly, the evaluation of case progress should involve a process of consultation at significant stages in the development of the case. A supervisor and/or clinical consultant can provide useful feedback and support, providing the worker with additional alternatives and direction whether or not the worker is having difficulty.

Fourthly, share your evaluation with the clients. Let them know when they are progressing or when they are not. Acknowledged progress can help motivate a client and, realistically, so can the consequences of not progressing when custody is at stake.

Finally, document! We will not belabour this one, except to say that concise goals facilitate concise reporting.

4. INCLUDE COORDINATION IN YOUR PLANNING

As often as not these days, there are others with a professional interest in a given case: school personnel, public health nurses, mental health professionals, probation workers, to name a few. If they are not there when you arrive, you often call them in to resource the multiple needs of a family in difficulty. There is no question that this complicates the planning process. There are some ways of ensuring effective and efficient service coordination.

1. Establish a coordinator. This should be someone who is committed to ongoing monitoring and regular review of the case needs. Preferably, it should be a person who will be involved for a longer period of time. Finally, it often requires some initiative, so if no-one else is stepping forward, you may have to take the bull by the horns and do it yourself.

2. Meet together on a scheduled basis. Don't leave a planning meeting without knowing when and where the group will meet again to review the progress of the case. "Ad hoc" meetings should be reserved for only the direst of emergencies.

3. Avoid sharing information at planning meetings. We did not throw this one in to see if you were still awake. We really mean it! Conferences should be for planning and making decisions. To the fullest possible extent circulate your reports to participants prior to the meeting and lay out the expectation that the materials be digested

ahead of time. This way, only the most recent developments need be shared at the meeting to bring people up to date. You can then get on with discussing discrepancies, agreeing on priorities, deciding upon alternatives, and assigning tasks. Reading can be done anytime, but meeting time is precious and must be used as efficiently as possible.

4. Record decisions and tasks assigned. This ensures that everyone has the same understanding of the plan and is clear about the divisions of responsibility. In documenting the tasks to be performed by the various parties, it does no harm to recall the criteria mentioned earlier in this chapter for setting client goals.

SUMMARY

- Planning improves quality of service.
- Planning increases efficiency.
- Planning should be specific and time-limited.
- Planning is a means of support to the worker.
- Planning improves consistency.
- Planning provides a strong base for evaluation of case progress and case methods.
- Planning optimizes the use of resources.

SECTION 17

METHODS OF INTERVENTION

The child protection worker might have only a limited amount of time to devote to a particular family but that does not mean that attempts to help them change are out of the question. This section will explore seven general types of activity. The protection worker is advised, however, to realize that having techniques to apply is only a part of the process of being an effective change agent. One can apply techniques successfully only after one has a thorough understanding of what the family needs and has demonstrated the genuine concern for the family's welfare. (The section on the "Family" provides more information on this theme.)

The seven general types of activity to be discussed:

A. Crisis Related Methods

B. Motivating the Family

C. Changing the Boundaries

D. Changing the Emotional Climate

E. Directing the Problem Solving

F. Reducing the Risk

G. Preventing the Explosion

A. CRISIS RELATED METHODS

The protection worker can routinely expect to enter family crises and there are several methods and perspectives that are helpful in such situations.

The first task, however, is to decide whose crisis it is. Often, the spirit of crisis is so powerful in the family, that anyone who has contact is drawn in. The protection worker will need to be protected from this pull. Otherwise, an equally serious problem that will need to be handled first, before the family can be helped, will be with that of the protection worker.

SOME IMPORTANT CONSIDERATIONS

1. People in crisis experience desperation and urgency to get something done while feeling helpless to resolve their issues.

2. The presence of a stranger at a time of crisis arouses many conflicting and confusing feelings in people.

3. People in crisis need a sense of hope.

1. The Sense of Urgency and Feelings of Helplessness in the Family

The worker must be sympathetic to the problem but resistant to the powerful suggestion that the worker should solve everything instantly. For some reason, we generally tend to get caught up in the sense of urgency felt by another. The antidote to this "contagion" involves special components. We must learn how to "buy time" in such circumstances. We must have a general framework of a plan we can put in place. We must have a sense of our own security. The sense of security can be enhanced if the protection worker is well aware of the general policies and procedures for handling cases as set down by the worker's particular Children's Aid Society. No one wants to be caught not knowing what to do in an emergency. Also, security is enhanced by the knowledge that your supervisor is at the other end of the phone. The worker can "buy time", regain perspective, review and plan outside the atmosphere of crisis and capture a sense of teamwork through a simple call.

This is an underutilized resource, perhaps because workers are worried they might seem incompetent in the eyes of the client and/or the supervisor. In areas where a call is not possible, there should be a clear understanding between protection worker and supervisor concerning the kind of back-up the worker can expect. Since crises usually require some immediate decision making, the protection worker will be stronger and more able to bear the responsibility of the decision if the supervisor's support is assured.

2. The Presence of a Stranger

If the stranger represents authority or officialdom, the feelings can be intensified. The stranger can at once be viewed as rescuer and intruder, as friend and enemy. The protection worker, therefore, should not take personally the verbal attack, the resentful feelings and the sense of impatience that are normal for people in crisis.

In dealing with a family in crisis it is not unusual to find that such feelings are distributed among family members: one might be panicky and helpless, another angry and impatient, a third placating and helpful. The protection worker is reminded that these are all voices of the family and the family can be expected to be mixed-up at a time of crisis. One should resist being drawn favourably to the apparently "friendly" family member while indulging in anger at the "unfriendly" one.

3. The Need for Hope

People in crisis are facing a situation which, by definition, seems to have them in a corner with no moves possible. Frequently, the rising emotions of crisis cloud judgement and make real options hard to see, or hard to accept. The protection worker can begin a process which is designed to reduce panic, restore some calm and point to some hope.

THE CRISIS MANAGEMENT PROCESS

There are four elements in the Crisis Management Process.

1. a) Establishing the atmosphere of relationship, and
   b) Maintaining it.

2. a) Establishing what the problem is, and
   b) Defining it for the family.

3. Planning for resolution

4. Getting the family working at resolution.

These four elements in real life are not separate. In fact, even after you've been with the family for only an hour, you might be working back and forth among all four steps. However, for the purposes of description, the elements will be presented one at a time.

1. a) Establishing the Atmosphere of Relationship

All of the issues identified in Section 10 under "Joining" should be considered when relating to people in crisis. Each member of the family has a stake in the crisis and the worker must connect,

in some way. The basic message need only be: I am aware that you are troubled and upset; I see your feeling of guilt and I don't dislike you for what you perceive as your inadequacies.

If you were to speak these exact words, they probably would not be believed. The message therefore must be transmitted through a process of relating to each individual. The basic elements of such a communication process are listening, responding, acknowledging and providing feedback.

In addition, it may be necessary to impose some order on the situation. Crisis generates panic and a breakdown of routines. Coming new to the family, the worker cannot know what their "usual order" is. Consequently, it could be necessary to set your rules in place, temporarily. Some good examples:

- people talk one at a time - everyone gets a turn so wait
- everyone sit down
- say what actually happened not just how it affected you
- be as polite as possible under the circumstances
- start at the beginning and tell what happened
- everyone has a point of view that is worth hearing

1. b) Maintaining the Atmosphere of Relating

Throughout the time spent with the family, attention must be directed to keeping rapport with family members. One should not take for granted that, once having joined with a family member, the rapport is then secure. In the hurly-burly of the first meetings, the worker will invariably be viewed by a family member in a variety of ways. It will be necessary to stay in touch with each family member, so that any real change in relationship with you can be noted and dealt with.

2. a) Establishing What the Problem Is

There are three steps in this process. Of course, the steps do blend into one another, but they do involve different operations.

i) Respond to the immediate situation the family presents
ii) Ascertain the sequence of events that led up to the crisis
iii) Define the "central" problem

First, you have to respond to the immediate situation the family presents. There will be complaints, accusations, misperceptions and protests. This provides an excellent opportunity for the worker to show balance, fair-mindedness, and strength. It would be a mistake to come down on one side or the other at this early

stage since the family would have reason to suspect the worker's judgement or strength. The first phases of "crisis-telling" invariably over-emphasize and distort some details. The wise worker accepts, guides the discussion, joins through valuing each one's point of view, but refrains from jumping in.

Secondly, the worker needs to ascertain the sequence of events that led up to this crisis. It is frequently difficult to get people in crisis to tell their story in an orderly way. Some effort and patience are required. Remember to get the various points of view. Mother might remember that Pete stayed out late "because he wanted to disobey me" while Pete might remember it was "because I had a flat tire". Speculations or guesses at motives frequently get presented as fact. Similarly, "fact", for one person might be regarded as "fancy" by another. Blaming and defensiveness can be expected at this stage and the worker will need to work at maintaining effective joins with each person. Accepting that Mother is upset because she thinks Pete deliberately disobeyed her is not the same thing as agreeing with her assumptions about Pete. Pete might need help to see this, however.

Getting a coherent story of what events have led up to the crisis frequently gives plenty of clues to understanding the problem and also to generating solutions.

Third, the worker establishes a definition of what the "central problem" is. This formulation will include a definition of who actually is in crisis. Not all family members need be in actual crisis. They might just be reactive to the fact that one member is in crisis. Also, maybe not all family members will be involved in the problem solving process. The worker should ascertain who is strong, or more motivated, and who shares in powerful coalitions. Also, the actual problem might not be as the family initially described it. For instance, all may blame Pete's insolence or anger for everything that is going wrong in the family. In fact, the real problem might better be defined in terms of the failure of the parenting subsystem to agree on appropriate limits.

It should be noted that the process of doing the assessment in these three steps has treatment benefits as well by:

- establishing the worker's authority and control;
- communicating that there is a way to proceed even in the face if hopelessness;
- giving everyone the security of knowing that they are being heard and accepted;
- providing a new look at the immediate past and with the new look, new patterns can be observed.

In asking questions and guiding the discussion, the worker has an opportunity to do a number of worthwhile interventions:

- joining with each person
- taking charge and thus representing hope to each person
- highlighting details in such a way as to give them a significance the family had missed
- downplaying the importance of certain overemphasized details
- creating doubt about destructive theories the family was holding on to
- relabelling events or feelings so that they can be better accepted or more easily dismissed
- forcing individuals to clarify feelings or attitudes that were too vague for anyone else to understand
- reinforcing positive behaviours which represented attempts to solve issues.
- permitting individuals to be in touch with their ambivalence.

2. b) Defining the Problem For the Family

Defining the central problem requires good judgment and sensitivity. There are several features to be remembered.

The central problem may not be the problem the family identifies at the beginning. Often there is distorting and scapegoating in the family's definition. Frequently, the family focuses on a recent event instead of realizing that there has been a long series of events beginning much earlier and stimulated by different issues.

The family will sometimes place blame on a person in the family who has little real power or on a person who has threatened the family with change. They may also attempt to place the blame for the current crisis on something they have actually successfully coped with for years, eg. mother's drug habit.

They will have to be helped to see that their perception of the central problem is not the same as yours. In redefining the problem, the worker should be careful to see that:

i) the new definition of the problem makes sense to the family and is a helpful new way of approaching a solution.

ii) the problem should not be defined in such a way as to offend, or attack any particular family member.

iii) the problem you define should be one that has a solution to it. Mother's drug habit might not be amenable to crisis problem solving, but reorganizing the children so that they can help each other cope with her drug problem might significantly reduce the crisis in the family. The problem would therefore be defined as a failure by the children to cope with specific reality situations. Solutions come more readily to mind when the problem is defined in this way.

3. Planning for Resolution

Once there is agreement (even reluctant or tentative agreement) on a basic definition of the problem, the worker can shift the focus to planning. However, the worker will need to be alert to the ongoing need for restatements of the problem. The family will easily slip into old patterns of blaming, etc. and will need much help with this. The worker will also have to be responsive to opportunities to further the joining between worker and family members.

Several aspects of the planning stage should be noted:

- OUTLINE THE PLAN IN CONCRETE TERMS

Just as the problem required a specific definition, so too, does the plan. There should be a clear sense of what needs to be done. The worker need not have all details worked out in advance, but there should be some clarity about what the plan is, and this should be clear to the family.

The plan should be stated in concrete terms. For example, saying that mother should find support in the community is too abstract for her to act on. Instead, the plan should be in action terms, eg. mother will have a talk with the priest tomorrow.

- BASE THE PLAN ON THE STRENGTHS OF FAMILY

The plan should not include elements that have been tried before and have failed. The only exception would occur when there have been new supports added which would increase the possibility of success for the method.

The plan should be based upon the strengths in the family plus whatever supports exist outside the family.

• SET TIME LIMITS

There should be a definite statement of time limits in the plan. A plan that seems like it might go on forever can be disheartening and can arouse a sense of futility and hopelessness.

• ESTABLISH THE METHOD FOR MONITORING PROGRESS

There should be a clear method of monitoring results. Too often, in crisis resolving, the participants in the crisis run around trying one thing after another without any real attention to results. The consequence is frantic activity followed by a sense of failure plus exhaustion.

In agreeing on the goal, the participants should also agree about how they will know if the goal was successfully met.

This process seems like an extra step at first and may feel bothersome to the worker. However, the effort is worthwhile. It gives a very real sense of doing something; it focuses on outcome, and distracts from hopelessness.

4. Getting the Family Working at Resolution

If the initial stages are performed adequately, getting the family to work at resolution should go fairly straightforwardly. However, it would be a mistake to assume that there will be no setbacks. Family patterns, coalitions,unmet functions and circumstances can all impose their influence at the most "inopportune" times.

The worker's functions has four aspects during this period:

i) to keep the momentum going
ii) to ensure accurate monitoring
iii) to keep goals up-to-date
iv) to keep out of the way

i) Keeping the momentum going. Discouragement can easily creep in. Reviewing goals and progress become important. However, the worker should be aware that failures to progress can result in blaming. There should be vigilance here to relabel and reinterpret events if they get misinterpreted. Above all, it will be important to maintain the joining that has occurred earlier so that when problems arise there are solid connections between worker and clients.

ii) Keeping the monitoring accurate. Since it is impossible to remember pain, except in terms of how you thought about it, it

is difficult to keep in mind how desperate the feelings were at the time of crisis. Consequently, there is an inclination for people after crisis to underestimate how far they have come toward resolution. The worker can keep reminding the family members how things actually were "back then" and that progress has been made.

This emphasizes the importance of keeping track in concrete, and specific ways. Mother's drug problem continues as long as she indulges; however, noting that the frequency of episodes has reduced to half the former frequency can be seen as real evidence of progress for the family, as a whole.

iii) Keeping the goals up to date. As changes occur, there will be need to change the indicators of success, to change old goals for new ones, and to see that successes are acknowledged by family members.

These can be a tendency for old tensions in the family to get in the way of proper acknowledgement from one family member to another. If Pete is still angry at his brother for obsolete reasons, he will have difficulty acknowledging his brother's contribution to solving the crisis. The worker can help soften these animosities or can refer the participants to counselling designed to sort out the problems between them.

iv) Keeping out of the way. There is a powerful pull, during crisis to keep the "rescuer" on hand, and central to the newly evolving family patterns. It may be necessary to be central in the beginning, but as the action toward solution begins, the worker should be preparing for exit. Remaining as a pivotal part of the family's problem solving effort only weakens their capacity to take care of the next crisis.

Consequently the worker should be sure that solutions are seen by the family as stemming from their own efforts. The worker should reinforce, encourage, find reason to congratulate, even though the work that is happening at the beginning is primarily the worker's own. The family must gradually come to feel their own control.

B. METHODS TO MOTIVATE THE FAMILY

The methods discussed here may be useful for families in crisis. However, whether the family is in crisis or not, the problem of getting them motivated to act can be significant. There are at least two broad reasons for motivation problems. Either the family is resistive to the worker's efforts or there is a chronic depressiveness in the family that makes any activity difficult. Both reasons might coexist in the same family, of course. However, they will be discussed separately, with some suggestions for handling.

Resistance can be an impediment to the worker's plans and can be viewed by the worker as a pain in the neck. However, resistance is a sign of strength and integrity in the family. It can be used to serve the treatment as well as interfere with it.

UNDERSTANDING RESISTANCE

The best way to understand resistance is to think of it as a natural defence against change. In the section on Change (Section 7), we reviewed the relationship between change and stress. The family structures and patterns were organized to provide the family with some continuity and stability while the world constantly changes. Without some stability, the family would not be able to accomplish its functions. When the family is threatened by stress, there is a natural tendency to tighten up, to hold on more securely to whatever structure exists.

The protection worker encounters a system already rocked by its own internal crises and further stresses it. Representing the authority of society and law, a protection worker, no matter how young and inexperienced, is a genuine threat. Even though the promise and hope is to give help and support to the family, the expectation shared by all is that the family will have to change, in some way. Since no one can know the future, "change to become what..." is a legitimate and unanswerable question.

In the face of such an unknown, apprehension is appropriate. The apprehension may manifest itself in a hundred different ways, ranging from irritation to psychotic behaviour. Nevertheless, the apprehension is a normal response and should be understood as such. Perhaps the use of the term "resistance", long a favourite term in psychotherapy literature, is unfair. However, it does capture how the therapist perceives the client's reaction to efforts to help the client. The client is indeed resisting change.

<u>Patience</u>, <u>firmness</u>, and <u>persistence</u> are required by the helper as the client gradually allows himself to experience change and accommodates to it <u>at his own pace</u>.

RECOGNIZING AND HANDLING RESISTANCE

In order to stave off the stress of change that is too rapid, a family must organize itself in some way. It can resist the worker's activity by direct action. For example, a family member, say the father, might threaten violence or a lawsuit. Indirect resistance can occur through passive-aggressive or passive-dependent behaviour. A family member, eg. the son, can persistently disobey the apparently cooperative mother's new expectations of him, thereby keeping the family at its former state of organization. Similarly, the family can share its resistance by behaving in throughly disorganized ways, thereby confusing and frustrating the protection worker. Naturally, there would be denials and failure to acknowledge if the worker pointed out that they were resisting.

The key point in understanding and handling resistance, therefore, is the recognition that resistance serves an important purpose. The worker will meet total frustration if the resistance is tackled head on. Such a tactic only tends to harden resistance.

Rather, resistance should be taken as a sign of a need to defend. The worker reads signs of resistance, therefore, as evidence of successful impact on the family system. Such success must be followed by careful supporting of the defensive person or system.

The following example may help to illustrate this point: In order to distract from the failing in their marriage, a couple focuses their attention on an adolescent son. This "triangling" of the son into their struggle, reduces the boy's freedom to grow. He rebels, but the couple incorporates the rebellion because it provides a perfect distraction. As parents they can get together to punish the boy. But the boy is in a bind: he must be bad to meet their need (as a couple) and yet be good to meet their need (as parents). The rebellion becomes more intense because of the frustration and the parenting correspondingly escalate. Rebellion is met by excessive controlling and abuse results.

The protection worker who enters this system will face the following kinds of resistance:

- any effort to examine the marriage will cause threat and the couple will distract attention back to the boy. "What's the good of sitting here talking about our marriage. We're alright. It's the boy who needs help, not us!" This resistance can even escalate to the point of actual provocation, by the parents, of some significant bit of acting out by the boy.

- any effort to look at the boy's behaviour sympathetically will threaten to uncover his loyalty: distracting from the marriage problem keeps the family together. He can be expected to deny any caring,

giving vent to enormous anger against them. Such behaviour can be seen as resistance designed to thwart the worker's efforts to uncover a truth that could throw the marriage conflict into the open.

The worker's task will be to join with each of these three people, but to do so in such a way that they are not aroused into their defensive (purposive) postures. (See Section 10, Joining) There is, in a family, a wide variety of functions being performed simultaneously, and the worker is advised to begin the joining process with an individual by identifying less threatening areas of functioning that are performed by the family member. For example, the husband could be contacted through his function of breadwinner, or handyman, or cook, in such a way that a less arousing connection can be made.

A relationship of trust and acceptance will only develop if each individual in the system comes to feel that the protection worker is not going to upset the system's precarious "applecart". Change can occur, and it can sometimes occur quickly, but not before the family trusts that the changes will not totally destroy the family.

METHODS FOR HANDLING RESISTANCE

There are five strategies for responding to resistance that will be highlighted:

1. Learning the language
2. Getting permission
3. Restructuring
4. Confrontation
5. Reframing

1. Learning the language

Social and welfare workers are trained in a kind of jargon that is not understood by the general public. Frequently, workers make the mistake of assuming that by introducing clients to their jargon, they are introducing them to the truth.

The protection worker should attend carefully to the language used by the family and join them in its use. The task of the protection worker is not to teach grammar, nor jargon. Holding to professional language only widens the gap between the worker and the family. There may, indeed, be times when the protection worker would want to create such a gap, but otherwise learning and using their language will hasten the process of joining and strengthen the protection worker.

2. Getting permission

Family structures are designed to have boundaries around them.

Boundaries are barriers which inhibit access. Every family will have its own rules and expectation about access to and moving between subsystems. The protection worker is advised to be alert to such rules and barriers. It is easy for a stranger to fail to honour local customs in any culture. Imagine the family as a mini-culture. Seeking permission to cross boundaries is an internationally recognized custom. It can be adapted for use by the protection worker.

The worker should always be alert to unique boundary problems in any family. Some families have no problem with a worker walking into their house, penetrating to any room. Other families have tremendous reluctance to permit entrance even in their yard.

While the protection worker has a legal right to do an investigation, the importance of honouring the client's emotional need should be considered. Gaining permission to enter the house is a significant psychological advantage. But access to the house is not the only boundary to be crossed. Let's examine a few examples:

- Many ethnic groups expect a male stranger to ask permission from the husband before addressing the wife. Failing to honour this custom can arouse unnecessary hostility and create profound embarrassment.

- Many parents expect that communications from strangers addressed to their children will go through them.

- Many adolescents expect to be asked directly and not through their parents. To proceed on the basis of the parent's permission might be cause for irritation from the teenager.

- Many people will accept that you ask questions but will resent being given advice or instruction until they have agreed to it or asked for it.

- Many people will discuss factual material quite frankly but will be embarrassed or resentful if asked directly what they are feeling.

- Many topic areas are regarded as especially private: sexual, financial, health, political and religious issues are typical. Special permission must be sought before frank discussion in these areas will occur.

- Asking one member of a couple to speak about the relationship often creates a kind of tension that can only be resolved if the other member is asked for permission.

The following list provides some sample permission-seeking statements:

- "May I ask your wife her view of this issue?"
- "Do you mind if I ask the children ...?"
- "May we go into the other room?"
- "Your parents have said it's OK for me to ask questions. Do you mind if I ask you some too?"
- "Would you feel better if I asked your spouse's permission before talking about this topic?"
- "Can I come in?"
- "I am sure it's embarrassing to be talking about this with a (man, woman, social worker, etc.) but it is important. May we go ahead ...?"
- Sometimes it's difficult to share feelings with a stranger. I understand. May I ask you about ...?"

3. Restructuring

When resistance is aroused around action that the family is ambivalent about, sometimes there can be a break in the resistance if the structures can be changed. For instance, consider the family containing, say, a mother, one teenage girl, and two younger children. Because of mother's chronic depression, the oldest child has taken on parenting functions thus changing the parenting subsystem. But as the teenager matures she becomes more oriented away from the family. If she leaves, the children will be at some risk of neglect.

This family system is under great strain. The entrance of a protection worker will be met with resistance because of the threat that things might be upset further. The family's needs are complex; to protect and support mother, to raise and parent the children, to help the oldest child grow up and out. These needs cannot be met without a significant restructuring of the family.

After effecting the appropriate joining with each family member's legitimate need, the worker can begin to support the mother (directly or by enlisting an appropriate social service agent). With the mother thus supported, the teenager can get a little freer of the family, without totally abandoning them. This restructuring may result in a "permanent" change in the structure or may be temporary. Nevertheless, as they feel the strain diminishing, the resistance against further work with them can correspondingly be reduced, as well.

Restructuring can occur within or between any of the subsystems in a family. Some examples:

- failure to distinguish between the children might result in only one child subsystem. As the oldest child demonstrates greater differentness from the younger child(ren), the need grows to restructure forming two (or even more) child subsystems, each being treated differently. The differences between the two subsystems might be demonstrated as simply as each group having different bedtimes, or different chores.

- parenting system malfunctions can occur in many ways. Interfering relatives might weaken the parents. Restructuring would have the intruders withdraw and would strengthen the appropriate team. Former spouses or partners can be demanding or can renege in their involvements. Restructuring would have the family renegotiate and reassign functions so that greater clarity of functions and of assignment existed.

The methods for restructuring are simple to do. Their success depends upon intelligent understanding of what the family is struggling with and insight into other ways they might try. Many of the restructuring operations should be left to family therapists because they can give more time and repetition than the protection worker can afford to give.

There are methods that the protection worker can use, however. The basic principle underlying restrucutring is that <u>if the family can be induced to do something in a new way, their ineffective patterns will be disrupted, forcing them to restructure themselves</u>.

A simple example will serve here. Consider a mother-child pair in which both have come to expect that the mother will do all the talking for the child. A simple restructuring might be to get the mother to delegate the function of "talking for the child" to the child's older sibling. While this is not a perfectly desirable alternative, it is an alternative and as the family shifts

into its new pattern (structure) the worker has the opportunity, while change is occurring, to get them to take on new and better ways of communicating (the mother will have to be explicit as she gives the instruction to the sibling, the sibling will have to attend differently to what the younger child says, and the younger child will have to learn to communicate better because the sibling will never be as good at speaking for her as the mother was).

The protection worker is encouraged to experiment with restructuring and the following areas lend themselves well to these methods:

i) Communication Patterns
ii) Assignment of Functions
iii) Replacing Lost Members
iv) Adjustment to Developmental Changes
v) Accepting New Members

i) Communication Patterns. Any pair of subsystems will have its own communication patterns. These can be interrupted by reassigning communication roles, by creating deliberately interfering structures, by strengthening one of the subsystems.

ii) Assignment of Functions. Whenever new situations force the family to adapt, new functions get assigned to members and old functions can be reassigned. The protection worker can bring this process to the family's attention and then get them to be clear and explicit about who gets which assignment. The entrance of the protection worker into this process is, in itself, a restructuring and the outcome can be positive and relatively permanent.

iii) Replacing Lost Members. When a family member leaves, for whatever reason (death, divorce, running away, marriage, etc.), the family will need to reorganize itself. This is a golden opportunity for the protection worker to help in the restructuring. Functions need to be recognized and reassigned. Frequently, families are not "aware" of all the functions that get performed by an individual. When the member leaves, important functions may be left undone. The worker can help them to "recognize" what they are lacking and then to help them to restructure to meet the new challenges.

iv) Adjustment to Developmental Changes. Frequently the functions performed by family members have been assigned because the member is uniquely suited to the task. However, people outgrow the assignments, putting the family in a bind. For example, frequently families organize themselves around

having a baby in their midst. The baby's function can become very important if it is the major source of interest, or if it is distracting people from other problems (e.g. marital conflict or longstanding conflict between the infant's grandmother and mother). The members develop a structure for relating to one another which depends upon having the baby. However, when the baby grows older its independence needs may conflict with the other's needs for a baby. The family's problem can be acute: "Letting the baby grow up leaves us vulnerable to these other problems. Better keep the baby a baby, it's a less dangerous solution".

Restructuring here would have the other members develop new, more appropriate ways of relating to one another. It may require that the helper temporarily becomes the object of the family's attention while the new communication and emotional structures are being supported.

v) Accepting New Members. As families grow and change, new people are added. Each needs to be accommodated through adjustment of old structures. The new member (a baby, an immigrating relative, a common law partner, an adopted child, an aged parent, etc.) will threaten some part(s) of the system. The protection worker can help the family to review roles and functions and to ascertain how the new one will be included in the family. Such "new member" restructuring might still need to be done (or redone) months, even years, after the "new one" has entered. Entrances invariably produce strains and resentments which, because of fear of expression or loyalty, do not get worked through adequately.

Use of restructuring as an approach to helping the family to change need not be limited to handling resistance. Resistance frequently results, though, from the family's fear of change and while at some level of recognition, family members have known that change was imminent, they have been diverting much energy against change because of the fear that change means destruction. As the agent of change, the protection worker understandably gets viewed with fear and stimulates a need to resist.

4. Confrontation

The protection worker's authority is great. Much of one's effort will, understandably, be directed at developing trust and rapport with family members. However, it would be a mistake to fail to recognize the value of confrontation as a tool. When resistance rises to the point where no further options remain, the worker can bring the issue of power to a head.

Confronting another person is an expression of personal power. It is a declaration that, at this moment, you and I are not in agreement. We are at odds with each other. Most of us have been trained from childhood to avoid confrontation or to minimize it. Consequently, we are vulnerable to anyone who is willing to act a little more aggressively than we think the situation calls for. You might note much internal dialogue has been necessary for dealing with someone entering a line ahead of you. Much of that internal dialogue will be based upon an estimation of whether the people around you will support you or think you're crazy for making a fuss, and on how angry you are.

Here are some important factors in learning to use confrontation.

- We generally are nervous about being aggressive: confrontation is an aggressive act.
- We assess the risk to ourselves before being aggressive.
- We look around for support from others before we "stand out".
- We will be more likely to confront someone else if we feel justified on principle.
- We are more likely to confront another if our feelings are aroused.

The following is an example of a situation calling for confrontation: a mother is supportive of her common law partner and refuses to admit the extent of his abusiveness to the children. She needs to be confronted about the risk and her responsibility and she, in turn, will need support and coaching to confront her partner.

Knowledge that the children are in danger helps in overcoming nervousness about confronting the mother. Similarly, once she has acknowledged the risk, both you and she will need to assess the risk to her and to you in confronting her partner. Together, once the bond of trust and common concern for the children is forged, you can enter confrontation with the partner.

Notice that confrontation is most effective in producing change when you are confronting someone with whom you have worked to establish a relationship. This doesn't mean you must be bosom buddies, however. The principal component should be some existing mutual respect: the mother respects you because you have worked to show her your interest in her children's welfare; you respect her power in the relationship with her partner.

Confrontation is least effective as a change-producing method if it is to reduce the power of the confronted person. The predictable reaction will be a power struggle designed to reestablish dignity. The struggle itself though, can be anything but dignified. Such struggles are to be avoided. They are a waste of time and are dangerous insofar as they threaten the authority and even security of the protection worker.

Properly done, therefore, the confrontation should have three principal ingredients:

- a spirit of mutual recognition as a result of efforts to join
- a clearly defined issue to be presented
- a process that includes both the confrontation itself plus continuing efforts to join the other person.

Improperly done, the confrontation merely threatens the people involved and intensifies their resistance to your efforts.

5. Reframing

The word "reframing" is used to label an activity that all protection workers should know about. Reframing is changing the way a person thinks about something by "putting a new frame around it".

As an example: Pete's mother is outraged that Pete has brought shame on the family by getting arrested for theft. She views the behavior as shameful and embarrassing and, because she has been so aroused by it, she presumes that it was done deliberately to hurt her. Careful exploration with Pete reveals that he is worried about family finances and theft is his solution to the family problem.

While one could disapprove of his solution, his motive can be seen to be wholesome. "Reframing" would be a process of helping Pete make clear that his act was not done to spite her but to help her. Reframing the motive from reprehensible to supportive paves the way for mother and son to open their communication.

Reframing requires several important ingredients:

- getting from the participants an understanding of how they are seeing ("framing") the behavior or problem in question.

- getting them together to talk about the issue.

- getting enough trust so that you can control the meeting. If either of them controls it, feelings get out of hand before they get to the reframing segment.

- getting them to follow through. The problem with seeing something in a new way is that the new way will be given up quickly. If Pete and mother get into an argument in which angry and hateful words are shouted, the reframing can go out the window. You should keep working at the reframing; it improves with repetition and frequently has to be further substantiated with new data. For example, if Pete the next day, has a fight with his father, this could also be seen in terms of loyalty to the family. Pete might need to be helped to show that his anger towards his father is rooted in his concern for his mother's welfare, or the family's financial situation.

CHRONIC DEPRESSION AND INACTIVITY

Volume II in this training series for protection workers discusses chronically depressed parents and some considerations in working with them. This section will introduce some suggestions for working with the family containing a chronically depressed, inadequate and virtually inactive parent. Frequently, such families are single parent situations which, of course, intensifies the protection problem since there is not a second parent to pick up the slack.

First, we must address the real treatment need of the depressed person. A psychiatric examination is usually warranted to assess and hopefully to suggest treatment for the depression. However, the depressed person will frequently find it very difficult to get up enough energy to get to the doctor and will probably miss appointments. Support and regular checking up is required if the person is going to be motivated to get going.

The family, as a whole, will have been making adjustments to the fact of the parent's depression and inactivity. The worker should assess to determine who in the family has assumed the parent's functions. The responsibilities will likely be taken on by the older child(ren) but frequently, the younger children take on parenting functions as well. For example, child-rearing tasks could be distributed among the children in groups. The eldest child parenting one or two while the oldest of the youngest parents the younger ones. Such distributions tend to happen when the older children need to take on breadwinning functions.

The worker should determine;

- how the children assign the functions?
- who takes the initiatives?
- how they handle failure to perform properly?
- how much the parent interferes with or supports the process?
- and the cost in sacrifices that performing their tasks cost the children?

Frequently, such compensating for parental inadequacy causes the children to feel guilty and secretive since they may have had to take on the tasks without letting the parent know and in a spirit of resentment at the parent's failure.

A major mistake in such family systems is to try to effect changes without honouring the actual power distribution. When children take on parenting responsibilities, they take their roles seriously and can become very sensitive of a protection worker who clumsily fails to acknowledge their role in the family system. The protection worker should take pains to include "parenting" children in discussions of family business, including protection issues.

Following are some types of activity the protection worker could employ in such families:

i) Supporting

ii) Challenging

iii) Redefining Leadership

iv) Agreement on the Problem

v) Instilling Hope

vi) Finding External Supports

vii) Increasing Family Ranges

viii) Reassigning Functions

ix) Frequent Contacting

x) Arranging Referrals

i) <u>Supporting</u>

The depressed parent will require considerable support and

patience but can be helped to take a more active and parenting role. Firm direction, information, and sympathetic listening (not too much) are called for.

The children require support as well. They are not equipped to provide all the parenting and need permission to take care of their own needs. Even the child who runs away, apparently selfishly, from tasks needs permission to get away. The protection worker can help the children accept one another's help. Frequently, resentments develop when a child takes on adult authority. They will need help in sorting out their various responsibilities.

ii) Challenging

Such family systems do not work well for very long. The children frequently experience difficulty of all sorts. The parent and the parenting children will have developed an array of defences to keep themselves and others from recognizing how poorly they are doing. They will need to be challenged. The pain and fear in the family needs to be tapped so that they can begin to recognize their plight and to plan for the future.

iii) Redefining Leadership

As mentioned, frequently such families have solved problems by assigning difficult functions to members who cannot handle them well enough. A depressed mother, by leaving major tasks untended properly declares her inadequacy and need for support. She most likely will not be able to say she is inadequate in any direct way nor will she be able to hear it from anyone else. Consequently, the family leadership will split: mother is still the leader (nominally) but someone else takes over the actual job of assigning tasks, taking care of emergencies and making decisions. This takeover is probably secret and unmentionable.

The family will need help in sorting out its leadership problems. The new leader(s) may or may not be handling things adequately. Their greater need will be to sort out and have some agreement (out in the open) about who has what to do. They will benefit from the real leadership of the protection worker who can help them to get things on the table for discussion.

A secondary task will be to help them to make reassignments, if necessary. Frequently, the person who has taken on leadership functions (the parenting child, usually) has personal needs and maturational needs which are being sacrificed. The protection worker can help by legitimizing these needs (they are frequently guilt-arousing in the child) and by helping the parent to pick up a greater share of the load

Thus several operations can be defined:

- assessing the leadership structure, (who has the power and how adequately is it being used?)
- supporting the inadequate leader as the leadership role is being reassigned;
- reassigning the leadership tasks;
- supporting the family as it begins its new operations;
- legitimizing normal needs of the person(s) who have been sacrificing;
- facilitating negotiation among family members as they work out new rules and assignments.

iv) Agreement on the Problem

Most often, the family has great difficulty acknowledging that there are problems. To do so would be an act of disloyalty and would serve to further strain the already weak parent.

Consequently, the family solution usually is to have problems show themselves as if they were uncontrollable and involuntary (eg. Nightmares, addiction, illness, vague symptoms, mysterious abuse signs). The symptoms are supposed to speak for themselves thus alleviating everyone from having to feel responsible for creating more problems by blowing the whistle.

The protection worker performs an important task simply by helping the family to say "We have a problem ... we need help with it ..." Such a statement might never be made in those words, but the family needs to recognize that a problem exists.

Once some family members begin to share their problem(s) with the worker and perhaps with one another in the presence of the worker, the process can continue. The worker can help them focus their attention on specific and concrete issues that need solutions. They will need to narrow down their complaints and worries to issues they actually can do something about. Getting this kind of agreement will require much support, joining, confronting, and problem solving from the protection worker. But the worker should never lose sight of the fact that since the problems belong to the family, the family should take a major role in finding solutions. Agreement on "the problem" is the right place to begin.

v) Instilling Hope

By the time the protection worker has become involved, the family has found itself in quite desperate conditions; applying inadequate solutions, frustrated and feeling trapped, fearing that others are conspiring to make the situation hopeless for them.

A major task will be for the protection worker to find positives and strengths in the family and to build upon these assets, to arouse some sense of hope. The hope need not be in a Prince Charming coming to the rescue. However, family members need to have some sense that something positive can happen for the family and for themselves. Lifting an impossible burden can leave a person feeling relieved but guilty. Hope will be fostered if guilt can be reduced.

vi) Finding External Supports

While the protection worker's entrance into the family scene will be highly threatening, the presence of someone of strength in a shaky system can have the effect of everyone dumping their load onto the new person's back.

While this solution can produce a sense of relief for the family, the worker cannot promise to carry the load. Instead, the worker's task will be to capitalize on the impulse to unload by finding and helping them turn to supports in their world.

Assessing the external supports available to them will require a survey of nearby relatives, friends, professional services, self help facilities, church and school facilities, employment support services, welfare services, etc. Every community has some sort of a voluntary network of concerned citizens who can be tapped as resources for families. Protection workers should be encouraged to share information about their community with one another. External supports that would be ideal for a particular family might be quite unusual and specific.

For example, consider the family in which the 12 year old boy, on the verge of delinquency and being out of control, hero worships airplane pilots. Getting him connected with a willing volunteer associated with airplanes (or any heavy equipment, perhaps) might be enough support for him to acquire some focus in his life.

vii) Increasing Family Ranges

The constant failures and depression in these families tends to create a "closed in" view of the world. Family members are pulled into adopting attitudes of hopelessness and helplessness. Some family members might break away but they are likely

to do so in an explosive, overreactive way that, in itself, can produce trouble for them.

The protection worker can broaden the family's range of operation. Getting the depressive parent up and around is an important part of this. For instance, encouraging the use of public transportation, going to movies, getting out to church, and visiting friends/relatives can all be supported. Reviving old hobbies, relationships, skills should also be considered, even if the parent only partially increases activity, the effect on the rest of the family can be significant. Seeing the parent <u>becoming</u> more active can serve as a release for them.

Consequently, the children should be encouraged to get out into their world in productive ways. If they feel little sense of control over their world, this can be increased by having them broaden the range of experiences they are exposed to. Workers should encourage dating, entertainments, going to parties and support joining teams. Even younger children should be pushed to explore their community and report back on their discoveries.

viii) <u>Reassigning Functions</u>

The leadership function is not the only function in the family that might not be going well. The protection worker should be alert to any member's discomfort with his role in the family. Family functions might have to be assessed, defined clearly for the family to see, and then reassigned. This process will take sensitivity and caution. Frequently, the family will not acknowledge that it needs to perform the functions identified and will give permission for the functions to be left undone. The protection worker will need to be alert to the effects of leaving these functions unperformed. Anger, frustration, hurt, confusion and bitterness can result unless the issues are sorted out and the functions are dealt with.

The process of reassignment can be effected directly. "Andrea, you take care of the shopping for a week and give your sister a break". Or the function can be defined clearly and then left for someone to pick up. For instance, "Your mother has not been able to decide what food needs to be bought. But the family needs to eat so this job will need to be done. I'll leave that for you folks to decide".

Such reassignments require monitoring to see that someone actually does follow through with their new roles.

ix) <u>Frequent Contacting</u>

Depression is an insidious process. It sneaks up on its victims, bringing them down again just as they try to get up. The

whole family can be affected by this. The excellent work done by the protection worker in one day can be offset by a depressive episode the next day. Consequently, the worker should be prepared to reconnect frequently at least at the beginning. The contacts need not be long nor do they have to be in person.

x) Arranging Referrals

Needless to say, depressive environments can be the result of and can produce serious emotional disturbance. The depressed family member needs to be assessed and perhaps treated by a psychiatrist. The worker will have to take the major initiative, though, to get this to happen. Proposing, supporting, facilitating the process will all have to be initiated by the worker and follow through will be critical. Otherwise, there is real danger of slipping back into depression with an even greater sense of failure.

Referral of other family members if often necessary as well. The child who has taken on the parenting role frequently needs support and group experiences to help get free of the sense of duty, failure, and frustration that can cripple one's self concept. The rebellious angry child may need some help in developing a capacity to control impulses and emotions, and to learn that they aren't "bad". The child who developed the symptoms that caused the whistle to be blown on the family (symptoms such as bruises, or uncontrollable weeping in the classroom, etc.) might need some counselling to help overcome the sense that he has betrayed his family.

Whether or not any of these referrals is necessary will be a matter of assessment. However, whenever two or more professional services become involved with a family, there is a serious risk of lack of coordination. The protection worker should therefore, make an effort to have a coordination function that is defined and accepted among the service providers.

USING RESISTANCE AS STRENGTH

Much has already been said in the Manual about the family's resistance in the face of change and threat. It has been noted that resistance is a sign of strength in the family. If they can keep you at bay and interfere with your plans, they are far more capable than they may seem on the surface.

Their real competence will show itself in the ways they organize to confuse the situation, to fail the tasks you assign, and to intensify the behaviours they need to eliminate.

There are several ways to approach resistance. Since the family is the expert when it comes to knowing its own weak spots and tensions, you can never hope to outmanoeuver or get totally ahead of them. Consequently, it is a mistake to take them on directly. Trying to handle resistance by intensifying the demand that they change, and putting on the pressure, is a serious error. They will react very strongly, and the problems can be expected to escalate, not diminish.

If pressuring the family is necessary, it should not be done before you have effectively joined with the very people you will be pressuring. You will need allies in the family before you can get the family strengths to work in co-operation with the problem solving plan.

Once you have joined with a person, you have momentarily a bit of leverage with him or her. You can take advantage of this momentary rapport, using it to seek new information or to get the person to see things in a new way or to urge the person to try something. The joining process gives you an edge which should be converted as quickly as possible into a gain for the client.

While the protection worker may not have had the opportunity of being trained in or using paradoxical methods, they will be mentioned briefly. One way is to give instructions in such a way that the person has no alternative but to comply. This is especially useful with people who are determined, either intentionally or by habit, to resist. The reader is referred to the work of Jay Haley* for excellent descriptions of techniques in this area and to Chloe Madanes' book "Strategic Family Therapy"** for brilliant analyses of power in families and practical methods for dealing with them.

C. CHANGING THE BOUNDARIES

As discussed in Section 2, boundaries define the limits between subsystems. A boundary can be thought of as a barrier holding outsiders out or holding insiders in. It also can set limits on the

* Haley, J., Uncommon Therapy: The Psychiatric Techniques of Milton Erickson, New York: Norton, 1973,
and Haley J., Problem Solving Therapy: New Strategies for Effective Family Therapy, San Francisco: Jossey-Bass Pub., 1973.

** Madanes, Chloe, Strategic Family Therapy, San Francisco: Jossey-Bass Pub., 1981.

the kind of communication that will occur between the subsystem within the boundary and anyone outside.

In their effort to remain stable, families can make their boundaries too rigid and unyielding or they can develop sieve-like boundaries that fail to define the subsystem sufficiently. Either rigid or over-flexible boundaries can be maladaptive.

The protection worker should assess boundaries as a matter of routine. There should be a well developed boundary between parents and children. Without this, parental direction and control is compromised, and confusion about who is in charge will be inevitable.

To change the boundary separating parent and child, it will be necessary to consider three features:

1. What needs to be strengthened?
2. Who must I support to promote the change?
3. What change is necessary?

What Needs to be Strengthened?

Is the failure to define the boundaries a function of parental confusion and uncertainty? If so, reinforce the parent by joining with her, verifying her right to exercise control over the child(ren), giving her strategies for getting control, and making sure that the messages to the child(ren) are not contradicting the impression of parental control.

If the boundary is such that the children are too confined and unable to grow, they will need support and strategies for renegotiating new boundaries with the parents.

Who Must I Support to Promote the Change?

Getting the children to accept increased parenting control will be difficult unless they are joined with and brought into the process in some way. It is not necessary to convince anyone by argument that the change is good for them. It is necessary to join with them, being sure that they recognize that, though what you are doing with the family seems hard to accept, you are least taking pains to appreciate their difficulties.

Often, parents will not let children change the boundary separating them. They will resist all change until they feel that the change will not removed their power as parents. Excessively rigid parents feel great concern about loss of power; excessively loose parents tend to fear that they will lose what little control they do have. Either parent will need to be supported through the change.

What Change is Necessary?

When changing boundaries, one can make them more rigid, make them looser, add, or remove them. The methods are those of joining, suggesting change, coaching them through the process, and letting them take credit for the success.

Adding a boundary is frequently necessary. A common child/parent problem derives from the solution in which the parent treats all children as the same, failing to recognize that they are in different developmental stages. A solution is to create a new boundary for the older children, thus differentiating them from the younger. The boundary gets defined by the parent recognizing that a difference exists and by some new practices in the family. New practices might be simple things like different bedtimes, greater or different privileges, more responsibility for the older. It is surprising, in dealing with families, how frequently the solutions to major problems can be found in the simplest details of family life.

Removing a boundary is sometimes necessary. An example might be an excessively rigid boundary between the two people in the parent subsystem. The couple might be having marital difficulties which spill over into their parenting. Joining with the good intentions of the parent in each person, the worker helps them to see that their battle in the marital sphere need not get in the way of their mutually-shared good intentions about the children. An agreement to get together as parents can remove a rigid boundary that had developed and can facilitate more consistent parenting. The worker will need to monitor this change very closely since these kinds of "truces" can be fragile in the beginning. The couple may need more intensive counselling and referral might be appropriate.

Two other approaches to changing boundaries involve:

(1) Breaking triangles and

(2) Forming or rearranging alliances.

1. Breaking Triangles

As outlined in Section 4, in most families, triangles occur to help support relationships that are otherwise shaky. The shakiness might be of brief duration, but the triangles that get established can sometimes live on past the couple's need for them. The triangle itself then can become a problem.

The process of breaking a triangle starts by identifying that it exists. The involved people need not be told that you "see" a triangle, although sometimes just by identifying the triangle you

weaken it by arousing their embarrassment or resistance. Then you have two choices: either to block the process every time you see it happening, or to enter the triangle as a substitute for the person who has been triangled into the couple's problems. Either way, you will create a solution in which their habitual way of dealing with tension in the relationship will be unavailable to them. They will need to find another way to handle the tension and this is where your counselling skills come in handy. Please be aware that this may uncork some very difficult issues for the couple and referral may be necessary.

2. Forming or Rearranging Alliances

Forming or rearranging alliances is a variation on the process of dealing with triangles. Frequently, the power structure in a family is such that the only way a weaker member can get any control, or have any influence, is by developing symptomatic behaviour. Since symptomatic behaviour can have unfortunate side effects (destructive acts can bring legal charges; failure to eat can bring malnutrition, etc.), this course is maladaptive in the long run.

One way of helping the weaker member(s) in the family to get some influence is to encourage them to join together, adding their strength in support of one another's cause. A rigid parent might have to change in response to greater strength, especially if the strength is being applied, with your support, in a way that is promotive of family well-being. You will need to join with the caring part of the rigid parent in order to help her to adapt.

Rearranging alliances can be done when the alliances that exist fail to operate as they were intended. For instance, a parent-excluding alliance between son and grandmother might have been useful once in meeting both person's emotional needs. But now that the boy is an adolescent and doing through considerable emotional turmoil, he will need help with controlling his emotions and an alliance between parents and grandmother might be a better linkage to effect this.

No matter what you do, though, regarding boundaries, you will be ineffective unless you have joined appropriately with all those who will be influenced by the changes you instigate.

D. CHANGING THE EMOTIONAL CLIMATE

Families in need of help don't get that way quickly. Usually they have gone through an extensive period of problem identification and failed solutions. Their general mood at the time you enter might range from extreme depression through to anger. It is seldom happy and optimistic.

As a general rule, particularly in time of crisis, family members are very aware of their mood and even this is causing them discouragement. It is also true, generally, that they are overreacting to their mood and failing to be in touch with their sense of humour, optimism and general well-being.

The worker who enters must be sure to keep in mind that -

- the mood here is overstated, and

- it will be crucial to their well-being and that of the worker that he not get drawn into their mood.

It is wise to remember, too, at this point the family worker's credo (see Section 8). "They are doing the best they can". This will help you to stay aloof from the gloom, anger, or frustration while you search for evidence of their good intentions.

Your task with respect to their mood can take several different tacks:

1. Joining the mood
2. Lightening the load
3. Reframing the family's outlook
4. Being positive
5. Labelling the mood

1. Joining the Mood

As you enter you will be able to feel the mood. Joining it, however, really means acknowledging their rights to be feeling this way under their circumstances. In acknowledging, you make it clear that you know how their feel, that you can understand why they feel as they do, and that you would like to join with them in a process that can make them feel better.

2. Lightening the Load

By engaging in a process of problem-solving with them, seen at the earliest stages of assessment, you convey the clear message that something can be done. Also, you can take pains to help them with any pessimistic feelings by challenging their pessimism with your own optimism. "Yes, I can understand why that seems like a big problem to you now that you are feeling down anyway, but I've seen worse. We'll figure something out."

Your own sense of humour should be used here. If they can be encouraged to smile or even laugh at some little event, they will have made a beginning.

3. Reframing the Family's Outlook

Frequently, the picture looks so gloomy to them that their way of viewing the world generally is narrowed. They frequently fail to see that they are taking care of many things very well. By enlarging their framework, you can help them to get a more positive outlook regarding the specific problems, as well as compliments to the mother's cooking, interest in her career success, recognizing the attention she pays to her appearance; all are sample devices for shifting her attention to a larger picture.

Such reframing can be done with key individuals or with whole groups of family members. Usually in a family group there are some who feel the gloom less intensely. Their good humor could be joined with and encouraged.

4. Being Positive

It seems obvious in a way, but optimism is a most important feature of family work. You can take advantage of your role as expert, communicating confidence that something can be done. You can connect the family or individual members, with support people outside the family who will have a long range perspective.

5. Labelling the Mood

Frequently, it is important to give a label to the mood. Statements such as "Boy, it sure feels heavy, or sad, or unhappy in here ...!" Or, "It must be awful to be in this mood of sadness and hopelessness all the time." By getting them to see that what they are feeling has a name and can be labelled you are making a step toward getting them to return to experiencing other moods they have enjoyed together in the past.

REORDERING EMOTIONAL PRIORITIES

Not all family moods you encounter will be gloomy. Sometimes you will find families who mask their sadness with socially conforming "niceness" or joviality. While this mask is frustrating to the worker's plan, the need to maintain it must be recognized and joined with. However, after this has been accomplished, the family can be joined in its more sombre mood. While they have been operating as if the priority is to preserve social "face", you can help them to see that the other mood is the more important for the moment.

It is not uncommon for families to feel threatened if one of their members is feeling intense emotions. They are guarded because the intensity threatens to get out of control, triggering fearful consequences. The worker can help this by creating an atmosphere of support in which the others can be helped to feel that the worker

will keep the emotions from getting out of control. Encouragement of the emotional one to express the feelings will be necessary, since the suppression of emotion is a loyalty act in the family.

IDENTIFYING AND STIMULATING THE ONE WHO IS TRYING TO CHANGE THE MOOD

As noted above, sometimes there is a family belief that they should all be feeling sad or happy or whatever. When this develops, there is a tendency to feel that expressing or even feeling another emotion is disloyal. Consequently, while there will be some members of the family who would like to give vent to other emotions, their expression is blocked by their own sense of loyalty or by messages of control by the family.

Finding such emotional deviants can be useful. Attend to the nonverbal cues for signs that someone is not "feeling" like the others. Help that one to express himself, but not before joining with the family need for control and supporting the primary control agents (perhaps the father, for example). Don't let the expression of "deviant" emotion go too far, however, before being sure that the family is giving permission for the expression.

E. DIRECTING THE PROBLEM SOLVING

Once there is agreement that a problem exists and agreement about what the problem is, you will be expected by the family to play a role in its solution. While it is appropriate that you should have a role, a note of caution is in order. While you will have a very significant impact on the family's other problem-solving, throughout there should never be any doubt in your mind that it will be the family's resources that pull them out of the problem. You will facilitate, they will do.

And most important, they must be helped to see that the solutions, such as they are, came as a result of their efforts. If you, not they, solve the problem, they have not grown in their capacity to solve problems generally, or to deal with this particular kind of problem should it return later.

The following approaches to method will be useful:

1. Entering the Problem
2. Solving Problems by Teaching Problem-Solving
3. Checking for Resources and Opportunities
4. Reframing the Problem

1. <u>Entering the Problem</u>.

The first rule to remember is that it is not your problem. You are involved as an aid, but you need not accept it as yours. Secondly, your task will be to help them settle down emotionally

so that they can begin looking analytically at their situation. Getting them to focus will be a major contribution to the process. You need also to get them to examine what they have tried, how well it worked, and why it failed. Frequently, in the panic of needing to do something, families try a whole series of things without waiting, between each trial, to see what the results will be.

Thirdly, while they identify issues and problems, your task will be to get them to pin things down, to choose some specific problem(s) and to set priorities regarding what they will tackle first. A good rule of thumb for this stage is to guide them into settling on an aspect of the problem that can be worked on and can yield some results. Results generate hope and strength: vital ingredients to self-help.

2. Solving Problems by Teaching Problem-Solving.

When a family is stuck, they simply cannot see a way out. Frequently, it is not necessary to point the way, but rather to give them a tool that will help them to find their own way out.

There is a problem-solving method that has several steps. By teaching them the method, you may unlock their own strength.

The steps are simple:

- Isolate and identify the problem.
- Reduce the problem to specific things to be taken care of.
- Agree whose problem it is.
- Assign the tasks to specific people.
- Set clear outcomes so you know whether you succeeded or not.
- Identify your resources, supports and strengths.
- Keep track of how things are going. Wait for results.
- Evaluate your results.
- Adjust your procedures according to results.
- Implement the corrections (if necessary).
- Keep trying.

Each step requires some discipline and capacity to focus. Your job as the coach in the problem-solving process will be to support and guide the discipline and focusing.

3. Checking for Resources and Opportunities.

Since they will have lost sight of much of their world in their distraction with the problem, you can help them to regain a sense of what is around them that will support them. This can take several distinct forms:

(a) Pointing out supports and services that they did not know about.

Your knowledge of the community will be greater than theirs. Don't overlook welfare, school, church, service club, neighbourhood self-help resources.

(b) Encouraging to try appropriate resources they have rejected for some reason.

They may feel they have exhausted their welcome at, alienated, or otherwise made themselves unwanted at certain resources. You may have to act as intermediary.

(c) Undoing damage that has occurred in relationships.

Seek resources that could be helpful. This is especially important in helping to repair relationships with extended family and friends.

(d) Working through a reluctance to approach important resources.

The reluctance may be based in embarrassment, or anger, or an inclination to feel that one's own problems "aren't important enough to bother him, or them..." Good counselling skills are required here.

(e) Facilitating access to the resources.

Frequently, failure to use resources is the result of an inability to get to them. The inability may be due to lack of transportation, ignorance of how to get around, or fear to use what is available. You may have to actually teach or hold the client's hand in the field.

(f) Reframing opportunity.

What is seen by the family as useless or a problem might be an opportunity in disguise. The worker can help them to see that the problem, though a headache now, will leave them better off after they have solved it. Being evicted might be the best thing, because it forced them to move away from a troublesome social environment for the children. This process of putting a new frame of reference on an event requires tact and careful attention to their view of the event you want to reframe.

4. Reframing the Problem.

It is frequently true that families in crisis identify the problem incorrectly. Whether they are locked into a scapegoating process or are heavily committed to not seeing some aspects of their

situation, they tend to place blame on a part of the family that either can take it best, or will fight back the least. Often they think that their need is for immediate relief from the symptom, when their need is really for a more basic change in their relationships.

There are several guidelines for reframing the problem.

- Check to see if they are blaming the immediate problem on something they have been able to cope with for years. For instance, blaming Mary's sudden acting out on the fact that she and her grandmother have had to share a room for a year is probably incorrect, because they have been able to cope up to the onset of the acting out. Something else has occurred to stimulate a problem.

- Identify and join with the impulse to cover up "the real problem" as you see it. They will need much support before they can give up their version of the problem.

- Be sure, in redefining the problem, that you express it in a way that is not injurious to any family member. For example, redefining the problem as being due to the mother's emotional immaturity could leave her feeling hopeless (after all, how can we become "mature" overnight) and resentful since she knows that her emotions would be more stable if she had more support from others. Reframing the problem as "the family needs to find better ways to support mother" puts the onus on all members equally and promises to benefit mother, not cirticize her.

- The problem should be reframed if their definition of "their problem" is too vague or too general to be able to do anything about. It is important in getting agreement on what "the problem" is, to settle on language that can be translated into action. For instance: They say "Our problem is that Pete is in jail". There is nothing that can be done with that until Pete's sentence is completed. However, a reframing that says "Our problem is that we haven't got used to Pete's absence" lends itself to a better understanding of what the problem means to them and sets you up to help them to "get used" to Pete's absence.

F. REDUCING THE RISK

In families under investigation, the principal question is what is the risk to the child(ren) who remain(s) at home. The protection worker is always more vulnerable to error here and, it is recognised, is in a "damned-if-you-do, damned-if-you-don't" situation. However, you <u>will</u> make a decision and so you could use some strategies for reducing the risk to the children.

1. Ventilation and Support.
2. Challenge
3. Invoking Resistance
4. Selling the Referral
5. Strengthening a Subsystem
6. Reassigning Functions

1. Ventilation and Support

Since most of the risks to children derive from their being handy when the adult explodes emotionally, helping the parent to ventilate emotion before it builds up to the flash-point would be valuable.

There are several steps in this process.

i) Join with the parent in this problem. You will be viewed as a major threat to an already beleaguered person. Help the parent to see that you can accept the legitimacy of his/her guardedness. Then connect on the parent's concern for the children generally, downplaying the specific problem of explosive emotions. Join with the parent's caring and desperation.

ii) Begin a process of connecting the emotional buildup to factors in the parent's life. Good listening skills will help you hear what the factors are. As the story begins to develop, you will get a view of a person under enormous pressure. There will be plenty of opportunity here to sympathize, reframe, and encourage. Above all, you will get many glimpses of heroic efforts (given the limit on resources available to the parent) made by the parent to solve the problems before they reached their current desperate proportions. These efforts must be recognized and be seen to be recognized. In recognition lies the seed of dignity.

iii) Help the parent to see that there is a pattern to the build-up of emotion. Once a pattern is identified, prediction becomes possible. If the parent can be helped to identify earlier stages in the process of the build-up, then you and the parent can build in a system of supports to be used at strategic times in the build-up.

iv) Provide an opportunity for the parent to drain off the unwanted emotional pressure. By supplying a base of caring support (the first three steps will develop this), you set the stage for the parent to relieve herself of the pain and frustration that is a large part of the current life experience. Frequently, what is needed is a safe place to let loose emotionally. This is the starting point on the road to recovery in preparation for the problem-solving phase that is about to begin.

2. Challenge.

When a risk situation is perceived by you, but denied by the parent(s), you are in a bind. You must make a choice: Do I leave them as they are, or challenge their perception? If you decide to challenge, there are several guidelines to keep in mind.

(i) There is a difference between expressing authority and hollering. In a situation requiring challenge, your task is to communicate authoritatively your expert perception that there is a risk here. You need not holler to be authoritative. The best way the family has to deal with your authority is to draw you into an argument about whether or not there is danger. Any argument will work in their favour, because they only need to get you on the defensive while you have to win. Consequently, an argument about this is to be avoided.

Your tone of voice and posture will be important. You are advised to attend to how you present yourself when you are "being the authority." It will be instructive to you to note if your voice changes tone (higher or lower), if you are distributing your weight evenly through both legs, and if you are able to maintain eye contact as you speak. This is, or should be, an area you and your supervisor have agreed to open for discussion. How you present your authority will have a great deal to do with how it is received.

(ii) All of the earlier injunctions about joining are important as preambles to challenging.

(iii) In challenging their view, you need not wait until they agree with you to terminate the transaction. You need only to state your position and deal with any confusion or need for detail it may arouse. But if they disagree with you, you do/not have to feel that you have to hang in there until they do agree.

(iv) If they take an aggressive posture to your stand, you might want to reassess your original estimate of risk and come to a new decision.

3. Invoking resistance

Frequently, in families where children are at risk, there is a powerful family need to look good to the community. The complaint to the Children's Aid Society itself will be a significant blow to this need. If you assess the risk as real, you might be able to reduce the risk to the child(ren) by arousing the family's resistance to your power.

In this instance, simply by telling them of your great concern and by predicting authoritatively that you think there will be another instance of abuse here very soon, their resistance to your predictive power will be aroused. This resistance might serve as an extra element in the family's overall efforts to intercept the terrible circumstances that lead up to an abusive incident.

4. Selling the referral.

As a part of your overall program to reduce risk, you might consider a referral to a counselling service that can offer more intensive or different kinds of service than you can provide. Getting them to accept the referral might be a problem. You have several actions to consider in facilitating their acceptance.

(i) See the paragraph on Challenge (above)

(ii) The family, in its complexity, will have many voices. This moment is a crucial one for them and for you. Consequently, the family can be expected to express in some way a willingness to get help, because they know they're stuck. Watch for some signs of support, or even ambivalence from any family member in sight as you present in clear and very specific terms your recommendation that they accept a referral.

Be sure to capitalize on "the sign" by joining with the person who expresses it (although it is not necessary to point out flatly that that person wants it). By joining with the receptive person, and by taking advantage of the rapport through joining that you have acquired in the earlier stages of the investigation, you may well have enough support to carry the recommendation. That will not remove the opposition, but at least you will have a bisis for action.

(iii) There should be no room for doubt about whether or not you want a referral to occur. Stating the recommendation clearly and concretely is of vital importance.

(iv) It is important in prompting the referral that you do not fall into the trap of subtly blaming one family member. For instance, saying they should go to counselling to have Pete's irresponsibility straightened out would surely alienate Pete toward counselling and would mislead the family in their thinking about what the real problem is. (See paragraphs on reframing the problem.)

5. Strengthening a subsystem.

A risk may exist because of disruption in the forces in the family

that once kept the risk to a minimum. For example, a father is dangerously emotional when he is drinking. His older son, by drinking with him and keeping the mood light, might once have sidetracked the problem. However, the older son gets arrested. This increases the pressure in the family and, at the same time, eliminates a pressure regulator.

A strategem for dealing with such a volatile condition is to restructure the family somewhat. This might be done by reassigning someone else, perhaps someone from the extended family or support network, to perform the older son's function. Alternatively, a subsystem could be developed especially to protect the children when father is drinking and dangerous. A third option might be to strengthen a subsystem so that its influence over father was sufficient to keep him under better control. An example of this latter subsystem might be an alliance between wife, older daughter and the father's mother, all of whom separately have some influence over him. Collectively, they might be able to keep him in line.

Your role would be to help the family decide which option is most suitable and to help them try out their new systems. Failures should not be allowed to produce discouragement, but rather should be reframed as occasions to get feedback to improve the solution.

6. Reassigning functions.

In overburdened systems, risks of emotional explosions are greater. A strategem for reducing burden on the volatile member might be to reassign functions. Having the older daughter take on some of the cooking and shopping chores might relieve mother of the burden of planning, etc. Turning the financial worries over to an uncle might relieve the immediate system. Such reassignment processes require considerable tact and sensitivity lest there be communicated a sense of inadequacy or failure to the one relinguishing the burden.

Still, a function need not be regarded as a burden. Some functions are sources of prestige and self-esteem to the holder. You should assess the degree to which each individual prizes or resents the functions he holds. Awarding prestigious (as viewed by the receiver) functions can be used as a behaviour controlling device. Letting the 17-year-old acting-out son take responsibility for the family business truck may seem irresponsible, and yet, depending upon how he views the reassignment, might significantly improve his behaviour.

Just as granting treasured functions can improve performance, so may threatening to remove them. The family may be encouraged to see that they do have greater control over family members. Similarly, you as protection worker can, by law, remove a precious function, that of parenting itself. Sometimes taking away the

privilege is the only way to impress on the parent or family the seriousness with which you view the situation. It is important that you assess the value the family places on the parenting function, however, before employing this practice as a motivation.

G. PREVENTING THE EXPLOSION

SPECIAL CONSIDERATIONS FOR THE SO-CALLED DISORGANIZED OR MULTI-PROBLEM OR DISADVANTAGED FAMILY.

Traditional therapy methods work reasonably well when used with people similar to those for whom they were designed. Most counselling methods are based upon verbal skills, and a capacity to think about one's behaviour and needs in abstract terms. But not all people grow up with such skills and capacities.

The protection worker's clients can and do come from all socio-economic levels. However, the majority come from the disadvantaged level of society. Limited means, education, and capability characterize this group. Consequently, there is frequently a lack of verbal and conceptual skills. The language used is most likely to be concrete, functional and lacking in abstractions. Furthermore, the concepts for understanding the world are likely to be very limited in scope, self-centered, and based upon a limited sense of personal control over life's flow. There is likely to be an action-oriented outlook as opposed to a reflective style. The criterion for action is likely to be rooted in the here and now, and not in the future. Planning is likely to take second place to action.

Such an orientation reduces the value of traditional verbal therapies. As a general principle, families with such an orientation make better use of interventions that are active, specific, and focused in their intent, and based in concrete, non-abstract language. There is a greater expectation for direct suggestions and advice, attention to physical problems presented in a firm, authoritative manner.

Abstract language, qualifications, focus upon ideas or theories, big words, are frequently seen as signs of ineptitude or weakness in the protection worker. Interpretations of patterns of behaviour or explanations about why "he feels this way" are often met with confusion and ultimately rejection.

The more effective intervention methods are based upon direct instructions, firm suggestions, and clear examples. The attitude might well be: Show me, don't tell me.

SECTION 18

AFTER WITHDRAWAL - WHAT NEXT?

Once the decision to withdraw the child has been made and the process set in motion, the protection worker's need to be concerned about "working with the family" does not end.

This section will concern itself with two aspects of the issue:

- Working with the "Separated" Child

The child who has been forced to leave home, even if he or she appreciates the refuge and safety, will still require attention to special aspects of his "family" situation.

- Working with the Family After a Child is Withdrawn

The family, too, will feel after effects which are the proper domain for concern of the protection worker.

WORKING WITH THE "SEPARATED" CHILD

Though physically separated from them, the child is still a member of the family. The family identity persists and the child continues to feel emotionally connected with the family. The child also retains habits, expectations, and lessons in how to relate to the world that were learned while in the family. He leaves the building, but not his place in the family. Or put another way, you can take the child out of the family, but it will be a long time before the family is taken out of the child.

There are a number of issues that need to be attended to. Some of these the protection worker might tackle:

1. Helping the child understand his continuing role in the family.
2. Reassurance to the child that the parents actually care.
3. Helping the child recognize the realistic limits of his parents and family.
4. Helping the child recognize his "unacceptable" behaviour as "loyal" behaviour.
5. Helping the child to sort out the inconsistencies.
6. Supporting the child through the mourning process.
7. Supporting the child through the process of change.

8. Helping the child adjust to new relationships.

9. Support the child in his concern for his siblings.

Some might be assigned to foster parents; still others might be referred to a counsellor. But the onus is still on the worker to recognize the issues as they manifest themselves in the child and to respond to them in the most appropriate way.

1. Helping the Child Understand His Role in The Family

Frequently, the child who must be withdrawn from the family has a significant role to play. The parents may have needed him as a scapegoat. He may have been the victim who drew father's anger away from mother. He may have been encouraged to act out as a way of expressing the parent's unconscious rage. In any case, he has an important role. Now that the family process has escalated and gone too far, resulting in the events causing him to be withdrawn, he will be confused, angry, hurt by the outcome. He may feel betrayed.

Helping him to understand his role does not require that he be made aware of all of the dynamics. You would be using language he does not understand, anyway. But it does require that he be helped to see that he was and is an important member of the family. Just because he is not with them does not mean that he is being punished for the way he behaved.

2. Reassurance to the Child That the Parents Actually Care

Consistent with needing help to appreciate that he was important in the family, he will need a great deal of reassurance that, despite their unhappy circumstances of the moment, the parents actually do care for him. This whole aspect of child protection is like a hall of mirrors. The child may behave as if he is relieved or furious; the parents may wash their hands of the child. Yet, both have received a terrible shock and their immediate reactions should not be taken at face value.

The worker need not get into an argument with the child about such reassurances. It is just important to remember that, while he might be angry and say hurtful things about them, the worker should always maintain a more balanced picture of the family. The child will note the worker's attitude and may even be more traumatized with the realization that the worker agrees with his hateful sentiments. He surely will be highly ambivalent about them and by joining with the wrong aspect of his feelings, the worker may invalidate any chance to help him later.

3. Helping the Child Recognize the Realistic Limits of his Parents

If he was withdrawn because the family could not contain him, for whatever reason, he should be helped to see that that was a function of their limitations and not his alone.

When he is ready to look more objectively at the experiences surrounding his leaving, he can be helped to appreciate that his parents had very real limits in their parenting capacity. It is sometimes easier to accept that your mother "rejected" you, not because she did not care but because she was not able to follow through.

Care must be taken to protect the parent in this process. Even if the parent's weaknesses are going to be discussed, they should be discussed in compassionate terms.

4. Helping the Child Recognize His "Unacceptable" Behaviour as "Loyal" Behaviour

Your assessment of the family will uncover the importance of the child's "unacceptable" behaviour to the overall functioning of the family. He should be helped to gain some insight into the fact that the family needed him to be the way he was. He was not "bad" just because he behaved badly. This kind of reframing is crucial with some children who carry the scar of rejection as a sign of their basic unacceptability.

5. Helping the Child to Sort Out The Inconsistencies

The process leading up to the withdrawal will have been filled with confusing events. In some of these events the child will have played a central role. But some of the story will be unknown to him. He should be helped to see, for instance, that while Dad never used to blow up at the things the child did, Dad's worry, since he lost his job, has made him less tolerant.

Similarly, the child will have attitudes about family members based upon erroneous information. For example, he may not know that his mother was being treated the same way he was and he may be feeling jealous and spiteful. He will need help in sorting out these faulty facts and ambivalent feelings.

6. Supporting the Child Through the Mourning Process

Even though the child may be relieved about being out and may express anger against the family, the fact remains that he has been dealt a severe blow by being withdrawn. He will experience the loss of routine, structure, and relationships. He will certainly go through a mourning process. The protection worker should become

familiar with the process of mourning and be prepared to support the child as he goes through the stages.

7. Supporting the Child Through the Process of Change

Just as the loss of relationship causes mourning reaction, so, too, does the loss of predictability. No matter how painful the experience of living there, one's family life is familiar. There are routines and predictabilities. To lose these is to lose a powerful framework by which one gauges, to some degree, who one is.

Placing the child in a new environment, no matter how safe and caring, is disruptive of his sense of continuity and stability. He may have to go to considerable effort to reinstate some constancy. Since he is the only feature of his environment which he can control, he might cause himself to revert to behaviours he has outgrown at home. Regressive behaviours might reappear. He may revive an old image of himself and begin to act accordingly. For example, there might be a return of delinquent behaviour since he was sure of himself when he was in that stage before.

The child will require help and compassionate guidance through this period of adjustment. The worker who is familiar with the way things were for the child at home will be invaluable in perceiving the relationships between his behaviour in his new home and old behaviours.

8. Helping the Child Adjust to New Relationships

Just as he will try to replay old roles, so will he try to get others to respond to him in familiar ways. The child can be expected to try to reorganize the foster home to match his former home. He may provoke the foster parents, trying to get them to respond as his parents would have. If he fails to get the response using old methods that worked with his parents, the child might well experiment until he finds methods that will work with the foster parents. He will need support as he finds his way in the new relationships.

9. Support the Child in His Concern for His Siblings

The child will have had complicated relationships with his siblings. Now that he is separated from the family, the siblings may become symbolic for him of what he has lost. There are several ways this can show itself.

He may focus all of his longings for "home" on one sibling, claiming that he desperately wants to be back in touch with only that one.

- He may become obsessive about the welfare of the younger ones who remained home. If home was not safe for him and he left, he must view his departure as abandoning them and letting them down. He may feel guilt about this or anger at the worker for not "letting" him go home.

- He may become obsessively spiteful about the sibling who was "allowed" to stay at home.

- He may bother everyone around him to find out where his siblings were taken and how they are being treated.

This list is by no means exhaustive, but it highlights the issue that loyalty, longing, and guilt may be easier to focus on the siblings than on the parents or the family, as a whole.

The worker may want to help the child to open his feelings to include discussion of parents. However, this is a matter of timing and sensitivity. If the child is specially bitter or the withdrawal is to be permanent, it might be better to support the child in his feelings and provide sensitive, confirming feedback about his loyalty to the siblings.

WORKING WITH THE FAMILY AFTER A CHILD IS WITHDRAWN

The crisis adds one more element of pressure to the family. The parents may react to the removal of the child(ren) with relief, anger or grief. But the major feature is that the removal will unsettle the family. The distribution of functions and the patterns of behaviour that were familiar all suddenly are disrupted. There will be a period (sometimes brief, sometimes lengthy) during which the family will be unsure, collectively, about how they should function. They may need help to sort out a variety of issues, including

1. Momentary Unsettling
2. Family Alliance Restructuring
3. Mourning Reactions
4. Maintenance of Destructive Assignments
5. Worker's Authority

1. Momentary Destabilization

The child(ren) play an important part in the glue that holds relationships together in the family. The loss of even one child can upset the balance of relationships by weakening some alliances, strengthening others. In seriously dysfunctional families, there may be a rapid attempt to place another child into the difficult position of the one who was removed. This may require a serious distortion in their perception of the child and place the new child

in serious danger. For example, a 14 year old boy is removed because he was being severely punished by father for his constant trouble with the law. Because their relationship requires a problem child, the parents turn their attention to their 7 year old daughter whose behaviour has been exemplary but who is a little slow in her school work.

Clearly, work with this couple is warranted. They could be helped to see that they need help and be referred to an appropriate service.

Such destabilization can disrupt other relationships, as well. Siblings depend upon one another to maintain balance of power. In larger families, when one child is suddenly withdrawn, another child may become more vulnerable to victimization because her supportive coalition is lost.

2. Family Alliance Restructuring

As with all crises, the loss of the child(ren) offers a moment in the life of a couple or family when they are ripe for change. They are disrupted and desperately looking to regain their balance.

The protection worker can take advantage of this moment to guide them as they look for new stability. They will need to review the assignment of family functions, review their relationships, and form new structures for coping.

One important strategy is to help them to establish new alliances and to define new functions that better match their current life situation.

3. Mourning Reactions

The family, just as the child, can expect to experience the loss as a kind of death and may well commence mourning. They may not perceive their condition accurately and may need help to "reframe" their experience appropriately.

4. Maintenance of Destructive Assignments

Even though their child has been removed, the family may neutralize the effects of the loss by keeping him in his function but from afar. While he was home, his behaviour distracted them from their own conflict. Now that he is away, the family can still be distracted by him in the abstract. They can worry themselves sick. They can busy themselves, obsessively gathering details about him and his current lifestyle. They may champion his cause, through court battles and appeals. But throughout, they are continuing in the precarious relationship they shared before he left. The family needs help to grow out of this frozen relationship and to permit the child some relief.

This type of situation could pose some threat to the protection worker. The couple or family could well reverse their former hostility and destructiveness concerning the boy into righteous indignation at the quality of care he is receiving in the care of the C.A.S. The withdrawal of the child reduces their sense of conflict and tension at home and permits them to express only the positive aspect of their ambivalence toward their child.

5. Reknitting Without the Child

As the family restructures itself, after the loss if its child(ren), it reassigns functions, sets new relationship and routines into play. There is also a danger that they could cut the lost child(ren) out entirely, making it very difficult, eventually, for the child(ren) to return.

The worker can help by promoting continued awareness of the child(ren) in the crisis period of restructuring. (This would not be appropriate if the long range plan called for the child(ren) to be settled permanently in new homes).

6. Worker's Authority

The protection worker's continued attention can motivate the family to get and use professional help, if required. The purpose of the regular contact would be to keep a reminder before the family that, unless they do take care of themselves properly, the authority to remove or refuse to return the child(ren) is still present.

SUMMARY

It is clear that the decision to take a child out of the home does not end the protection worker's working with the family as a unit.

Knowledge of family structure, assignment of function, roles, will be invaluable tools in offering service to the family.

SECTION 19

CONCLUSION

Throughout this Manual, the intent has been to present the reader with a range of concepts and methods. The reader is encouraged to absorb what can be useful in actual practice.

Just as in this cartoon, you have been supplied with the components

(i.e. the alphabet of practice), but what actually comes out in application to day-to-day practice with families will be a combination of these components plus personal style, caring, and experience. You bring the style and the caring to your work. Time provides the experience.

Good quality supervision and useful concepts can ensure that the protection worker is not just getting the first year's experience over and over again. Anyone who works with families works in the atmosphere of change and growth. To work in such an atmosphere without growing would be a tragic waste of professional talent and it would be a serious disservice to clients.

This Manual, and the workshop series it supplements, are intended to serve as a companion to the child protection worker. The workshop provides the opportunity to explore and practice family-related skills. The Manual will remain with you, as you practice.

We hope that some of the ideas presented here will become immediately useful to you. We recognize that each worker will find significance in some specific concepts and that what is seen to be significant will vary from worker to worker, according to personal experience, readiness, and taste. But the real test of concepts comes with practice. Our hope is that you as a protection worker can overcome the "ritual constraints" and "process traps" that creep inevitably into all our practices. By pulling ideas from this program and <u>trying them out</u>, you will expand your own horizons and, perhaps even more important, you will be inventing new practical applications of theory that fit your particular task.

In your job, you are the expert!

Others can present you with concepts, methods that work for them. If they are to work for you, they must be tried and adapted.

This then is the final challenge of this training program. You can expose yourself to the risk of change or you can shield yourself. Both are understandable postures and appropriate according to circumstances. It is our wish that you find yourself in the adapting mode as you read what you find here. As you grow, so do we all.

GREETINGS EARTHLING. I BRING YOU AN IMPORTANT MESSAGE...

APPENDIX A

THEORETICAL MODELS OF FAMILY INTERACTION *

While all family therapists are apt to regard the family as a social system, there nevertheless are significant differences in theoretical assumptions about the nature and origin of psychological dysfunction, views of family interactions, and plans for therapeutic intervention between different models of family therapy. Aside from the common factor of differentiating themselves from the approach of individual therapy, family therapists can be further distinguished from one another on the basis of key theoretical suppositions and therapeutic techniques. Although positions have not yet hardened into "schools", we will attempt to differentiate special features of each of the following: (1) family psychodynamic theory, (2) family communications theory, (3) structural family therapy and (4) family behaviour theory.

FOUR PARADIGMS OF FAMILY INTERACTION

Family Psychodynamic Theory

The psychodynamic view of individual behaviour, based largely on a psychoanalytic model, focuses on the interplay of opposing forces within a person as the basis for understanding that person's motivation and sources of discomfort and anxiety. The neurotic individual, for example, may be seen as someone torn by inner conflict between his or her sexual wishes or urges and a punitive, guilt-producing conscience. Extrapolated to the family level, advocates of this view seek to discover how the inner lives and conflicts of family members interlock and the effect of the binding together on disturbances in family members.

In an early paper, Ackerman (1956) presented a conceptual model of interlocking pathology[1] in family relationships, arguing for family sessions where such entanglements might be demonstrated to the family members as they occur, in order for them to begin working toward eliminating them. Concerned with the impact of the family environment on the development of childhood disorders, Ackerman was one of the first to

* "Theoretical Models of Family Interaction", Chapter 5, from: Goldenberg, I, & Goldenberg, H. Family Therapy: An Overview, Poelmont, Calif. Brooks/Cole Publ. Co., 1980.

point out the constant interchange of unconscious processes occurring between family members as they are bound together in a particular interpersonal pattern. Under such circumstances, any single member's behaviour represents a symptomatic reflection of possible confusion and distortion occurring in the entire family. With notions such as that of "interlocking pathology", Ackerman, a Freudian by training but attuned to social interactions by personal inclination, was able to wed many of the psychoanalytic concepts of intrapsychic dynamics to the psychosodial dynamics of family life. Framo (1970) summarized this position well when he stated: "Departing from the conventional, simplistic view of symptoms as intrapsychic entities and as stemming from a central illness, it is the author's view that symptoms are formed, selected, faked, exchanged, maintained and reduced as a function of the relationship context in which they are naturally embedded" (Framo, 1970, p. 127).

In addition to Ackerman, many of the family therapy pioneers (Don Jackson, Theodore Lidz, John Bell, Murray Bowen) tended to develop techniques based on psychoanalytic theory. According to Bowen (1976), probably the leading theorist in family therapy today, psychoanalysis provided two basic concepts still followed by mental health professionals: (1) that an emotional disturbance in an individual is developed in relationship with others, and (2) that the therapeutic relationship is the most effective and universal way to treat that disturbance.

1 The pattern of interlocking pathology had long been known to therapists, many of whom had made the disquieting observation that sometimes, when their patient improved, his or her marriage broke up (Walrond-Skinner, 1976). This seemed to many to suggest that the patient had been locked into a neurotic interaction before, and following treatment was no longer willing to be so; therefore, he or she sought to leave the marriage. If, during the psychoanalytic treatment, the spouse became upset at changes in the patient, individual help with another therapist usually was recommended. It is not surprising that as a patient "improved" under this approach, the change was greeted as a threat and reacted to with anxiety and suspicion by family members, who sometimes would subtly undermine the effects of the analysis. It was not until family therapy began to be practiced that all of the persons involved - the entire family - were treated together.

More concerned with theory-building than was Ackerman, Bowen began to study the degree to which people are able to distinguish between the feeling process and the intellectual process within themselves. He observed differences between people in the ways feelings and intellect are either fused or differentiated from each other. Those with the greatest fusion between the two, he concluded, functioned the poorest. Those who could best distinguish between feeling and thinking had the most flexibility and adaptability in coping with life stresses. Turning to family relationships, Bowen (1966) introduced the concept of undifferentiated family ego mass, derived from psychoanalysis, to convey the idea of a family emotionally "stuck together", one where "a conglomerate emotional oneness ... exists in all levels of intensity" (p. 171). For example, the symbiotic relationship of interdependency between mother and child may represent the most intense version, while the father's detachment may be the least intense. The degree to which any one member is involved from moment to moment depends on that person's basic level of involvement in the family ego mass. Sometimes the emotional closeness can be so intense that family members know each other's feelings, thoughts, fantasies, and dreams. This may shift to uncomfortable "overcloseness", according to Bowen, ultimately leading to a phase of mutual rejection between two members. In other words, within a family system, emotional tensions shift over time (sometimes slowly, sometimes rapidly) in a series of alliances and rejections.

Bowen (1966) developed a scale (Figure 5-1) for evaluating a person's "differentiation of self" from the family ego mass. The greater the degree of undifferentiation (no sense of self or a weak or unstable personal identity), the greater the emotional fusion into a common self with others (the undifferentiated family ego mass). A person with a strong sense of self ("these are my opinions ... this is who I am ... this is what I will do, but not this ...") does not negotiate it away for the sake of marital bliss or to please parents or achieve family harmony, although some fusion of selves occurs between husband and wife as well as between all family members.

People at the low extreme are those whose emotions and intellect are so fused that their lives are dominated by the feelings of those around them. As a consequence, they are easily stressed into dysfunction. Those far fewer individuals at the high end are emotionally mature; their intellectual functioning can retain relative (although not complete) autonomy during stressful periods, so that their actions can remain highly independent of the emotionality around them. In between are persons with relative degrees of fusion or differentiation. Note that the scale eliminates the need for the concept of normality. It is entirely possible for lower-scale people to keep their lives in emotional equilibrium and be symptom-free, thus appearing to satisfy the popular criteria of being "normal". However, they are more vulnerable to stress than those higher on the scale and under stress are apt to develop symptoms from which they recover far more slowly than

do those others. A more differentiated person can participate freely in the emotional sphere without fear of becoming too fused with others.

In addition to his emphasis on the degree of integration of self, Bowen's theory also emphasizes anxiety or emotional tension within the person or in his or her relationships. The basic building block in a family's emotional system is the triangle, according to Bowen. During calm periods, when anxiety is low and external conditions are ideal, two persons may engage in a comfortable back and forth flow of feelings. Even under the best of circumstances, however, this condition becomes unstable, as one or both people become upset or anxious, either because of internal stresses or those from outside the twosome. When a certain intensity level is reached, the two persons will involve a vulnerable third person. According to Bowen (1978), the twosome may "reach out" and pull in the other person, the emotions may "overflow" to the third person, or that person may be emotionally "programmed" to initiate involvement. This triangle dilutes the anxiety; it is more stable and flexible than the twosome, and has a higher tolerance for dealing with stress. When anxiety in the triangle subsides, the emotional configuration returns to the calm twosome plus the lone outsider. However, should anxiety in the triangle increase, one person in the triangle may involve another outsider, and so forth. Sometimes such triangulation can reach beyond the family, involving social agencies or the courts.

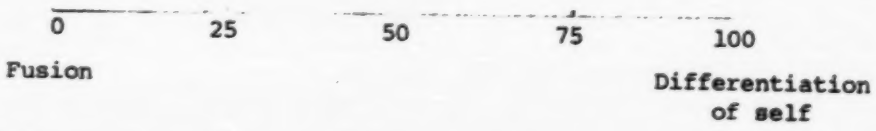


FIGURE 5-1. The theoretical Differentiation of Self scale, according to Bowen's conception, distinguishing people according to the degree of fusion or differentiation between their emotional and intellectual functioning. Those at the lowest level of differentiation (0-25) are emotionally fused to the family and others and lead lives in which their thinking is submerged and their feelings dominate. The lives of those in the 25-50 range are still guided by their emotional system and the reations of others; goal-directed behaviour is present but carried out in order to seek the approval of others. In the 50-75 range, thinking is sufficiently developed so as not to be dominated by feeling when stress occurs, and there is a reasonably developed sense of self. Those rare people functioning between 75-100 routinely separate their thinking from their feelings; they base decisions on the former but are free to lose themselves in the intimacy of a close relationship. Bowen (1978) considers someone at 75 to have a very high level of differentiation and all those over 60 to constitute a small percentage of society.

By definition, a two-person system is unstable (Bowen, 1975) and forms itself into a three-person system under stress. As more people become involved, the system becomes a series of interlocking triangles. As an example, conflict between siblings quickly involves a parent. He or she feels positively toward both children, who at the moment are in conflict with each other. If the parent can control his or her emotional responsiveness and manage not to take sides, while staying in contact with both children, the emotional intensity between the original twosome, the siblings, will diminish.[2] (As we shall see in describing Bowen's therapeutic technique in Chapter 7, the same situation exists when a couple comes to a marriage counsellor or family therapist. If the counsellor, as the triangled person, can remain involved with both without siding with one or the other, they may be able to each see themselves as individual selves as well as persons involved together in a marriage. But unless the triangled person remains in emotional contact with them, the twosome will triangle in someone else).

We have noted previously (Chapter 4) Bowen's early (1960) three-generation hypothesis to account for the development of schizophrenia in a family member requiring at least three generations to develop. In a more recent formulation (1976), Bowen has proposed the broader concept of a multigenerational transmission process, in which one offspring, most fused into the family system 3, emerges with a lower level of differentiation than the parents and functions more poorly than they in life. Other siblings, less involved with these parents, will fare better. If the impaired child with the poorest sense of self is followed over several generations, Bowen anticipates that the line of descent will product persons with lower and lower levels of differentiation. Bowen now believes that the process may slow down or remain static over a generation or two so that perhaps eight or ten generations may be required until the level of impairment is reached that is consistent with schizophrenia. If the family encounters severe stress, however, schizophrenia may develop in an earlier generation. In some less stressful cases, he now believes, poorly differentiated people may keep their relationship system in relatively symptom-free equilibrium for several generations longer. This process may be reversed, of course, should someone in this lineage marry a person considerably higher on the differentiation-of-self scale. However, Bowen observes that most persons choose mates at more or less their own level of differentiation.

[2] A parallel situation exists when parents quarrel and a child is drawn into the triangle in an attempt to dilute and thus reduce the strain between the combatants.

Although he was initially decidedly psychoanalytic (notice the use of such terms as symbiosis and ego mass), Bowen began early to move toward a systems view. However, he insists his more recent outlook has emerged from previous psychoanalytic thinking, not Bertalanffy's general systems theory. He is concerned, as are most family therapists, in the "facts of functioning in human relationships systems" (Bowen, 1978, p. 416) - what is happening, and how, when and where it is happening - as far as the trained observer can determine those facts. Avoided are efforts to search out and uncover why things are happening - a cornerstone of traditional psychoanalytic treatment.

Ackerman, considered by at least one authority (Guerin, 1976) as the family movement's most creative and zealous psychoanalytic proponent, had also begun moving away from classical psychoanalytic thinking during the late 1960s. By 1970, Ackerman urged the consideration of a broadened "Biopsychosocial" model to conceptualize personality dynamics. He had begun shortly before his death to view individual symptoms not as walled-off intrapsychic phenomena, but rather as recurring, predictable, interactional patterns, intending (unsuccessfully) to achieve homeostatis for the person, but actually producing progressive distortions in the balance of family role relationships. Today, as the centre of the field has moved toward viewing families as systems, Boszormenyi-Nagy (Boszormenyi-Nagy & Spark, 1973), Framo (1965), and Whitaker (Napier & Whitaker, 1978) remain the leading theoreticians attempting to bridge psychoanalysis and family theory.

Family Communications Theory

The traditional psychoanalytic or psychodynamic view of, say, conflict between mother and adolescent daughter, may be viewed as the mother overidentifying with her child and perhaps projecting her own unresolved problems from her own adolescence onto her. The daughter, in turn, rebellious and with a still incompletely formed sense of personal identity,

[3] Bowen (1976) believes the child so selected by the parents, who themselves are immature, will be the one who is most infantile of all the children, regardless of his or her birth order in the family. Bowen stresses the sibling position of the parents in their families or origin as clues as to who is chosen in what he calls the "family projection process". Most emotionally attached to the parents of all the children within a family, that child will end up with the lowest level of differentiation of self and will have the most difficult time in separating from the family. Alfred Adler, an early associate of Freud's also gave considerable credence to the influence of sibling position on later personality development.

may be introjecting many of her mother's characteristics, but undergoing an "identity crisis" at the same time. It is possible, however, that this same pattern may be viewed not as two persons, each with "problems", but as a dysfunctional relationship, which manifests itself, among other ways in faulty communication. If we adopt the latter view, notice how the emphasis has shifted - from the past to here and now, from analyzing the inner dynamics of each to studying their pattern of interaction and communication, from seeing pathology in one or both to understanding how each has defined her role and adapted to the other. Their recurring struggle may be circular: "I nag because you defy me." "No, mom, it's the other way around; I defy you because you nag."4 To Haley (1963), every relationship contains within it an implicit power struggle over who defines the nature of that relationship, and the pattern just described is no exception. The mother is not the cause of her daughter's behaviour, nor is the daughter causing her mother's behaviour. Both are caught up in a circular system and have evolved "rules" for behaving toward each other.

To communication theorists (Don Jackson, Jay Haley, Virginia Satir), all behaviour is communication; just as it is impossible not to behave, so communication cannot be avoided. The wife who complains in utter frustration that her husband "refuses to communicate" with her but instead stares at the television set all evening is responding too literally to his failure to "talk" to her. On a non-verbal level, she is receiving a loud and clear message that he is rejecting her, withdrawing from her, may be angry or bored with her, wants distance from her, and so on. Communication occurs at many levels - gesture, body language, tone of voice, posture, intensity - in addition to the content of what is said. Sometimes, as indicated earlier in the previous chapter, a message is sent in the form of a double-bind, contradicting itself, as in the following:

IGNORE THESE INSTRUCTIONS

To follow instructions, one must not follow instructions, which becomes very confusing.

4 This circular interaction continues because each participant imposes her own "punctuation" on the ongoing system. Many clinical problems seen by family therapists involve punctuations parallel to those seen in children quarreling: "You started it!" (I'm only reacting to what you did.") "No, you started it first!" and so on. Actually, it is pointless to search for the starting point because we are dealing with a complex repetitive interaction and not a simple linear cause and effect situation (Weakland, 1976).

It is clear that there is no such thing as a simple message. Rather, people are forever sending and receiving a multiplicity of messages by both verbal and nonverbal channels, and every message is qualified and modified by another message on another level of abstraction (Weakland, 1976). People can say one thing and mean another, modifying, reinforcing, or contradicting what they have just said. In other words, they are both communicating ("How are you?") and communicating about their communication ("I do not really expect you to answer, nor do I especially want to know the answer - unless you say you are fine.") To summarize, people cannot help but communicate, and all communication takes place at two levels - the surface level, one of content, and a second level that qualifies what is said on the first level. This second level is called metacommunication (Watzlawick, Beavin & Jackson, 1967). Problems may arise when a message at the first level ("Nice to see you.") is contradicted by a facial expression or voice tone ("How can I make a quick getaway from this boring person?"), which communicates at the second level. As we have seen, communications theorists, following the work of Bateson and his co-workers, propose that such contradictions occur in families that produce schizophrenic children - we love you (hate you), we want you close by (go away), and so on. It is as though the parent is saying "I order you to disobey me" to a confused child who cannot escape, to whom the relationship is important, and who must develop a response to the incongruent messages occurring at two different levels. In that situation he or she may develop an incongruent way of communicating back, sometimes in a schizophrenic manner.

While the early work of communications theorists was carried out at the Mental Research Institute in Palo Alto and dealt mainly with families with schizophrenic members, it has since expanded rapidly to other family therapy centres around the country and to other aspects of family functioning. In the meantime, the Mental Research Institute has continued as a research, training, and family therapy centre, emphasizing the interactional view of behaviour (Watzlawick & Weakland, 1977) and developing new therapeutic techniques - such as brief family therapy, a direct, time-limited, pragmatic approach intended to help families better deal with changes in their relationships as new developmental stages in family living are experienced (Watzlawick, Weakland & Fisch, 1974).

Jackson, Haley and Satir, all originally associated with the institute during the 1950s, began conceptualizing human problems in terms of interaction and in particular tried to develop ways of improving family communication. Jackson, psychoanalytic by training but influenced by Bertalanffy's general systems theory, stressed the family's feedback system, its homeostasis, the emergence of its rules, and the ways the family deals with conflict. Cognitive in his approach, seeking to reduce problem-maintaining behaviour, he saw marriage, for example, as a voluntary, long-term, collaborative relationship where rules arise out

of the partners' interaction experiences (rather than from individual actions), and where something akin to bargaining takes place through what he called the "marital quid pro quo" (literally "something for something") (Jackson, 1965a). Quid pro quo refers to a relationship based on a recognition and acceptance of differences between the partners and a clear division of labour defining the contribution made by each. For example: he handles intellectual matters more capably but is less practical; she is a more realistic person and also more sensitive to others and more social. Or as a second example: he actually prefers marketing and cooking but is too casual about finances; she prefers working to being home, hates cooking, enjoys arranging and sticking to a budget. The point is that an exchange is made, a kind of contract, not based on stereotyped sex roles but on abilities and interests.

In the first example, she can avoid becoming frustrated waiting for him to invite friends over and he can avoid frustration waiting for her to introduce intellectual issues into their conversation. In the second example, handling money would not be entrusted to him nor would remembering to pick up groceries on the way home from work be expected of her. While this is simple (perhaps too simple), Jackson was beginning to develop a theory of marriage based on these relationships and not individuals, with a language to aid observing the interaction pattern and a way of teaching a couple "rules" for governing their relationship. Jackson was developing these further at the time of his death in 1968.

The notion of the family attempting to maintain a homeostatic balance is central to Jackson's thinking. You will recall from Chapter 2 that Jackson (1965b) likened the family's operations to those of a home heating system, where a sudden change in temperature initiates a number of events designed to establish the equilibrium. Analagously, when a teenager announces she is pregnant, or a grandmother moves in with her children and grandchildren, or there is a divorce between parents, or chronic illness in a child, or a family member becomes schizophrenic - these and other similar events are equivalent to flinging open a window when you've warmed the house to the temperature you desire. The family goes to work to reestablish its balance. Ironically, a family that is disintegrating and disunited can strive to become functional once again to cope with such a crisis. In some cases, the family's very stability may be maintained by their child's periodic illnesses (Napier & Whitaker, 1978).

A family's communication pattern reveals the sender/receiver's relationship. If it is a relationship based on equality, it is symmetrical; if not, then it is complementary. (These concepts, along with detailed transcripts of a husband and wife talking to a therapist, are presented in Chapter 3.) The former may be a simple open exchange of views or

perhaps highly competitive, but it is between peers, while the latter inevitably involves one person assuming a superior position and the other an inferior one. Here Jackson is joined by Haley (1963), who underlines the struggle for power and control in every relationship through the messages that sender and receiver exchange with each other. Who will define the relationship? Will that person turn it into a symmetrical or complementary one? Who decides who decides? Observe a couple deciding on how to allocate expenditures, or what television program to watch, or whether to make love late in the evening (when one prefers mornings), or who will answer the telephone, balance the checkbook, go out to buy some ice cream, or pick up the dirty socks and underwear from the floor, and see if you do not learn a great deal about how they define their relationship!

Haley believes that all symptoms are strategies for controlling a relationship when other strategies have failed and then to deny doing so by claiming the symptom is involuntary. As an example, he cites the case of a woman who insisted her husband be home every night because she suffered anxiety attacks if left alone. However, she refused to acknowledge thus controlling his behaviour, but rather blamed it on the anxiety attacks, over which she presumably had no control. The husband faces a dilemma: he cannot acknowledge that she is controlling his behaviour (it is, after all, her anxiety that is doing that), but he also cannot refuse to let her control his behaviour, for the same reason. He is in a double-bind situation. The family therapist would seek changes in the nature of their relationship and ways of communicating with each other.

Haley, then, focuses on the power struggles within a family and how each family member constantly seeks to define or redefine the relationship. ("You can't boss me around anymore; I'm not a baby." is a familiar taunt in the teenager's effort to change old family "rules".) Jockeying for control, according to Haley, occurs in all families and in every relationship between two or more people. Most couples work out a suitable means of dealing with struggles for control. People who develop symptoms (as the woman with the anxiety attack described above) deny efforts to control but develop subtle, indirect methods (and pathological relationships) instead. Haley's (1976) therapeutic approach is to treat individual problems as symptoms of an improperly functioning family organization. He seeks to directly cause a change in the patient's behaviour that will alleviate the symptom.

Virginia Satir, a psychiatric social worker, was among the first to report in book form on the work she and her colleagues in Palo Alto were carrying on in teaching families more honest and effective communications patterns (Satir, 1967). More concerned with practice than theory (as is also true of many family therapists), Satir offered numerous illustrations of her family-oriented techniques, including verbatim transcripts of family sessions, based on the communication viewpoint. She emerges as a direct, caring person who herself is a model

of clear, open, simple communication patterns. Among the early workers in family therapy, Satir, along with Ackerman, is usually credited as being one of the two initial charismatic leaders of the field (Beels & Ferber, 1969).

Under stress, people in any relationship with one another handle their communications in one of five ways, according to Satir's classification (Satir, Stachowiak, & Taschman, 1975). The placater always agrees, apologizes, tries to please; the blamer dominates, finds fault, and accuses; the super-reasonable person remains detached, calm, super-cool, and not emotionally involved; the irrelevant person distracts and seems unrelated to anything going on; only in the congruent way of communicating does the person appear real, expressive of genuine feelings, and sending out straight (not double-binding or other confusing) messages. Various combinations exist in families; for example, take the case of a blaming wife, a blaming husband and a placating child triad ("it's the school, they don't teach anything anymore ... it's the child down the street, that's where she's learned those bad words ... it's the way you've raised her,she's just like you ... I'll try to do better, daddy, you're absolutely right. I'll stop watching TV tomorrow, go to the library, and so on ... leave the dishes and I'll do them tomorrow after school ..."). In the blamer/super-reasonable dyad, the wife might complain with great intensity that "we hardly ever make love anymore, don't you have any feelings for me?" The husband might respond coldly, "of course I do or I wouldn't be married to you. Perhaps we define the word 'love' differently." Satir tends to work with families at the level of their day-to-day functioning. She deals with their emotional experiences with one another and attempts to teach them congruent ways of communicating by helping them restore the use of their senses and get in touch with and accept what they are feeling. Thus, she helps families build their sense of self-worth, and opens up the possibilities of making choices and bringing about changes in their relationships.

Structural Family Theory

Strongly committed to the systems outlook, the structuralist position, primarily developed and advanced by Minuchin (1974a), emphasizes the active, organized wholeness of the family unit. He describes his viewpoint as follows:

> In essence, the structural approach to families is based on the concept that a family is more than the individual bio-psychodynamics of its members. Family members relate according to certain arrangements, which govern their transactions. These arrangements, though usually not explicitly stated or even recognized form a whole - the structure of the family. The reality of the structure is of a different order from the reality of the individual members (p. 89).

Like the communications theorists, the structuralists are interested in how the components of a system interact, how balance or homeostatis is achieved, how the family feedback mechanisms operate, how dysfunctional communication patterns may develop, and other systems factors. However, there are also important differences between the two theories. Rather than observe the basic elements in a family transaction - what messages members send back and forth - the structuralists adopt a more holistic view, observing the activities and functions of the family as a clue to how the family is organized or structured (Ritterman, 1977). Put another way, the focus here is on using the content of a transaction in the service of understanding how the family organizes itself; the structuralists in general are more concerned with <u>how</u> family members communicate than <u>what</u> they communicate.

Minuchin rejects what he calls the "linear" framework for understanding human behaviour and instead insists on using a systems frame of reference. A linear approach zeros in on the individual and his or her intrapsychic (the psychodynamic view) or learned maladaptive behaviour (the behavioural view) in attempting to conceptualize and then treat that particular individual's symptom. A systems approach, on the other hand, builds on the work of the linear approaches but goes beyond them to look at that person in context (Minuchin, et.al., 1978). That is, the systems model analyzes the individual's psychological and behavioural makeup by focusing upon the influences family members have on one another from that individual's earliest life to the present. Although they recognize that the person's past life experiences do transcent the family system, the structuralists believe that experiences within the family govern the range of each family member's behaviour. The systems approach thus operates with a wider lens than does the linear.

Members define themselves and their place in the family organization by their interactions. We begin to catch on to how a family functions by watching these interactions. The members' actions and transactions with one another tell us how they accommodate to one another, the degree to which they are assimilated into the family, whether the family operates as an open or closed system, what boundaries and subsystems exist, and lots more. For example, the structuralist may ask himself or herself: Who is the family spokesman? Are roles established by age, sex, power, or some other factors? Is what is being said during a family therapy session supported or contradicted by the family's behaviour? What transactional patterns and boundaries exist and how are they set up? Are these patterns functional or dysfunctional? Minuchin (1974a) describes this process of forming a structural diagnosis as deriving a family "map", an organizational scheme of family interactions. This map forms the basis for determining therapeutic goals. As needed, structural family therapy is directed toward changing the family organization, the social context in which an individual member's "symptoms" may develop. Minuchin argues that, when the structure of the family

TABLE 5-1. Four Communication Stances Adopted under Stress (Satir)

Category	Caricature	Typical Verbal Expression	Body Posture	Inner Feeling
Placater	Service	"Whatever you want is okay. I'm just here to make you happy.	Grateful, boot-licking, begging, self-flagellating	"I am like a nothing. Without you I am dead. I am worthless."
Blamer	Power	"You never do anything right. What is the matter with you?"	Finger pointing, loud, tyrannical, enraged.	"I am lonely and unsuccessful.
Super-Reasonable	Intellect	"If one were to observe carefully, one might notice the workworn hands of someone present here."	Monotone voice, stiff, machine-like, computer-like.	"I feel vulnerable.
Irrelevant	Spontaneity	Words unrelated to what others are saying. For example, in the midst of family dispute: "What are we having for dinner?"	In constant movement, constant chatter, distracting.	"Nobody cares. There is no place for me."

group is transformed, the positions of its members will be altered accordingly and, as a result, each person will experience change.

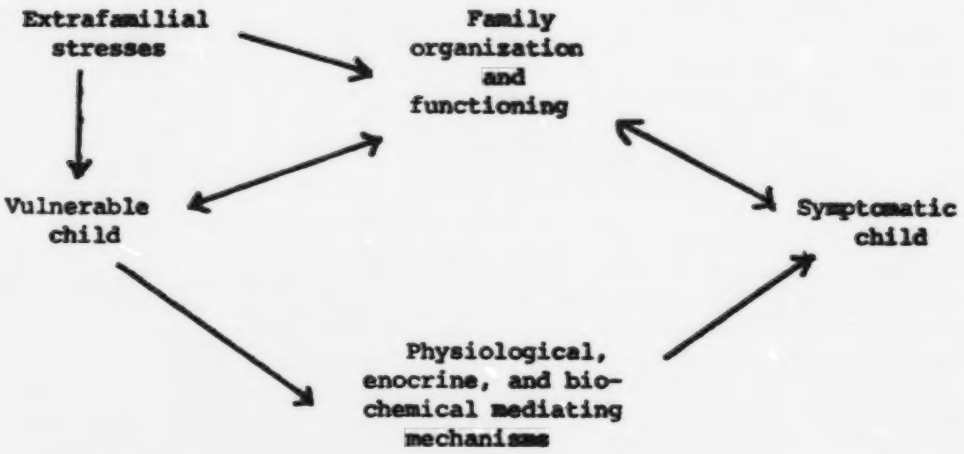
The family is a social unit that advances through distinct stages of development, during each of which new developmental tasks or challenges must be met .. Each stage calls for reorganization of the family system usually accompanied by changes in functions among members. A recently married couple must learn to mutually accommodate to numerous small routines (when to go to bed, when to rise, how to share the bathroom, sexual pattern preferences, meal times, and so on). In the process they develop a set of patterned transactions for triggering as well as monitoring each other's behaviour. The birth of a first child changes the organization. A child imposes new demands on their time and differentiates their parenting functions (who is responsible for feeding and dressing the baby, changing diapers, buying clothes, going to the doctor, baby's bedtime, baby's playtime, and so on), thereby changing the spouse's previous transactional patterns. New subsystems are introduced, grandparents may enter the picture, new alliances are created, boundaries changed. With each new stage of development, restructuring is called for, new accommodations and changes in the relative strengths and productivities of family members.

Thus, a family is always subject to inner pressures brought about by changes in its members and subsystems as well as outer pressures to accommodate to significant social institutions (as, for example, when an immigrant family must adopt to a new culture) (Minuchin, 1974a). Some families, under stress to change, become increasingly rigid in their transactional patterns and boundaries, resisting any exploration of alternative ways of interacting. As we saw in Chapter 3, families Minuchin has labelled as "enmeshed" become too involved, intertwined with one another, and over-intrusive on personal boundaries; disengaged families are too rigidly separated. Minuchin stresses that boundaries or delineations between a family's subsystems need to be clear for proper functioning. Members of one subsystem (for example, parents) must be allowed to carry out their functions without too much interference, (say, from a grandmother), but contact between members of the subsystem and others must be maintained. A parental subsystem may even include a grandparent so long as the lines of authority and responsibility are clearly drawn in the family. It is when boundaries are too blurred and the family communicates only within itself that it is said to be enmeshed. At the other extreme, if boundaries become overly rigid and communication across subsystems becomes difficult, then the family becomes disengaged. Members of disengaged families are apt to lack a feeling of family loyalty and belonging; they find it difficult to depend on other members or to request help or support from them when needed. Members of enmeshed families achieve their heightened sense of belonging by yielding their autonomy or ability to act independently. Minuchin's early work at the Wiltwyck School ..., where he dealt with many disorganized, low socioeconomic, multiproblem families with delinquent children, led him into

developing his theories on the importance of understanding the family structure and process as well as developing more concrete, here and now therapeutic techniques for reaching the entire family that did not require a high level of verbal sophistication (Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967).

Minuchin has recently extended his work to the area of psychosomatic illnesses such as anorexia nervosa in children (Minuchin, et.al., 1978). Instead of the customary psychiatric (that is, linear) view that the child is the passive recipient of noxious environmental influence, Minuchin and his coworkers have begun to look at the individual in his or her social context and at the feedback processes between individual and context. From a systems viewpoint, certain types of family organizations, such as those that encourage somatization, are related to the development and maintenance of psychosomatic symptoms in physiologically vulnerable children. In turn, the child's psychosomatic symptoms play an important role in maintaining the family homeostasis. Each family member's behaviour is simultaneously caused and causative of behaviour in other members (see Figure 5-3). The system can be activated at various points, with feedback mechanisms causing reverberations throughout the system. Increased stress, coming from within the family system or brought about by outside forces, can trigger physical symptoms such as anorexia nervosa in a vulnerable child, causing the family to modify its temporary dysfunctional interactional patterns. Thus, family members, including the anoretic child, through feedback processes, constrain and regulated each other's behaviour.

Various psychosomatic illnesses, such as bronchial asthma and certain forms of diabetes in children, in addition to anorexia nervosa, have been found (Minuchin, Baker, Rosman, Liebman, Milman & Todd, 1975) to occur with particular frequency in families with the following transactional patterns: (1) <u>enmeshment</u> (poorly differentiated, weak, and easily crossed subsystem boundaries); (2) <u>overprotectiveness</u> of each other, not limited to the identified patient (nurturing constantly elicited and supplied, each member hypersensitive to signs of distress in others); (3) <u>rigidity</u> (retaining accustomed ways of interacting when no longer appropriate, stunting growth and autonomy in a child); and (4) <u>lack of conflict resolution</u> (leaving problems unresolved, problems that later reactivate the system's avoidance circuits and lead to the reappearance of symptoms). While no one of these family characteristics alone may be sufficient to spark the appearance of psychosomatic symptoms, the cluster of all four transactional patterns is believed by Minuchin and his colleagues to be characteristic of a family process that encourages comatization. In such families, "illness" becomes a mode of communication as the symptomatic child helps the family avoid its real conflicts ...



Family Behaviour Theory

Learning-oriented clinicians have extended the principles underlying behaviour modification or behaviour therapy with individuals to the realm of marital and family intervention. Assuming that deviant behaviour within a family is subject to the same laws governing all human behaviour, they argue that the relearning procedures useful in changing any behaviour can be applied to changing deviant behaviour within a family. Before intervention can take place, however, one must have an assessment process for defining, observing, and recording behavioural and stimulus events occurring within a family. Behaviourists insist on recording actual events and scrupulously avoid inferences about the motives and feelings of the people involved. Thus, instead of inferring from a verbal exchange between husband and wife that one or both are feeling angry (that is, instead of explaining why they spoke or behaved as they did) behaviourists find it more exact and scientific to record the behaviour of each spouse (what each said, and what each did) and the temporal relationships existing between antecedent and consequent events related to each behaviour. They are more interested in changing the behaviour than in ferreting out its exact causes. If one partner offers a self-report of an internal state ("I'm feeling very angry at you now") that is acceptable data, but unconfirmed inferences about another person's private thoughts or feelings is not (LeBow, 1972).

The behaviorally oriented therapist sees the family therapy situation as an opportunity to induce significant behavioural changes in the family members by restructuring their interpersonal environments (Liberman, 1970). After creating a positive therapeutic alliance between himself or herself and the family members, the therapist makes a behavioral analysis of the problems within the family. What behaviour is maladaptive (that is, should be increased or decreased) in the identified patient? What specific changes would each person like to see in other family members? Answers to questions such as these force the therapist to specify the behavioral goals of the treatment, something behaviourists argue is glaringly absent in other therapeutic approaches. In addition, the behaviour therapist wants to know what environmental and interpersonal contingencies currently support the problematic behaviour. Such a behavioural analysis continues throughout the family therapy sessions; as problem behaviour changes during treatment, so must the analysis of what maintains these behaviours (Liberman, 1970).

The process of family behavior therapy consists of guiding family members toward altering reinforcement contingencies. For example, instead of being caught up in, and rewarding, maladaptive behavior with attention responses that socially reinforce the undesirable behavior (by nagging, showing sympathy or anger, or babying), family members learn to recognize, approve, and therby positively reinforce only each other's desirable behavior. The point here is that the deviant member will continue his or her undesirable manipulative behavior or set of symptoms only so long as other family members express interest or concern or otherwise respond, positively or negatively, with attention (saying, in effect, "you'll continue to receive our special attention as long as you misbehave"). The behavior therapist helps the family set up conditions by which social reinforcement such as attention-giving is made contingent on the desired behavior.

A number of learning-theory principles are involved in family behavior therapy. The most frequently employed is undoubtedly positive reinforcement, a reward (smile, kiss, gift, attention) for a desirable behavior pattern which strengthens that pattern and increased the probability of its recurrence as a response. Shaping, another frequently employed technique, involves an operant conditioning process in which successive approximations of desired behavior are reinforced until the desired behavior is achieved. Liberman (1970) utilized shaping principles to help a married couple deal with specific problems, as illustrated in the following case.

> Mr. and Mrs. F. have a long history of marital strife. There was a year-long separation early in their marriage and several attempts at marriage counselling lasting three years. Mr. F. has paranoid trends which are reflected in his extreme sensitivity to any lack of

affection of commitment toward him by his wife. He is very jealous of her close-knit relationship with her parents. Mrs. F. is a disheveled and unorganized woman who has been unable to meet her husband's expectations for an orderly and accomplished homemaker or competent manager of their five children. Their marriage has been marked by frequent mutual accusations and depreciation, angry withdrawal and sullenness.

My strategy with this couple, whom I saw for 15 sessions, was to teach them to stop reinforcing each other with attention and emotionality for undesired behavior and to begin eliciting desired behavior in each other using the principle of shaping. Tactically, I structured the therapy sessions with an important "ground-rule": No criticism or harping were allowed and they were to spend the time telling each other what the other had done during the past week that approached the desired behaviors. As they gave positive feedback to each other for approximations to the behavior each valued in the other, I served as an auxiliary source of positive acknowledgment, reinforcing the reinforcer.

We began by clearly delineating what specific behaviors were desired by each of them in the other and by my giving them homework assignments in making gradual efforts to approximate the behavioral goals. For instance Mr. F. incessantly complained about his wife's lack of care in handling the evening meal - the disarray of the table setting, lack of tablecloth, disorderly clearing of the dishes. Mrs. F. grudgingly agreed that there was room for improvement and I instructed her to make a start by using a tablecloth nightly. Mr. F. in turn was told the importance of his giving her positive and consistent attention for her effort, since this was important to him. After one week they reported that they had been able to fulfill the assignment and that the evening meal was more enjoyable. Mrs. F. had increased her performance to the complete satisfaction of her husband, who meanwhile had continued to give her positive support for her progress.

A similar process occurred in another problem area. Mr. F. felt that his wife should do more sewing (mending clothes, putting on missing buttons) and should iron his shirts (which he had always done himself). Mrs. F. was fed up with the home they lived in, which was much too small for their expanded family. Mr. F. Resolutely refused to consider moving to larger quarters because he felt it would not affect the quality of his wife's homemaking performance. I instructed Mrs. F. to begin to do more sewing and ironing and Mr. F. to reinforce this by starting to consider moving to a new home. He was to concretize this by spending part of each Sunday reviewing the real estate section of the newspaper with his wife and to make visits to homes that were advertised for sale. He was to make clear to her that his interest in a new home was contingent upon her

improvements as a homemaker.

Between the third and sixth sessions, Mrs. F.'s father - who was ill with terminal lung cancer - was admitted to the hospital and died. During this period, we emphasized the importance of Mr. F. giving his wife solace and support. I positively reinforced Mr. F.'s efforts in this direction. He was able to help his wife over her period of sadness and mourning despite his long-standing antagonism toward her father. Mrs. F., in turn, with my encouragement, responded to her husband's sympathetic behavior with affection and appreciation. Although far from having an idyllic marriage, Mr. and Mrs. F. have made tangible gains in moving closer toward each other (pp. 144-115)[5].

Stuart (1969) utilizes operant conditioning theory and what he calls operant-interpersonal therapy to treat marital discord. He assumes, to begin with, that the exact pattern of interaction taking place between spouses at any point in time is the most rewarding of all available alternatives - that's why they chose it. (A wife who complains that her husband spends too much time with his friends and not enough with her should not simply be angry at him but should face up to the fact that his friends offer greater relative rewards for him than she does.) Stuart assumes further that successful marriages involve a quid pro quo ("something for something") arrangement; here he is in agreement with communications theorist Don Jackson. In behavioral terms, successful marriages can be differentiated from unsuccessful ones by the frequency and range of reciprocal positive reinforcements the partners exchange. ("I'll be glad to entertain your parents this weekend if you accompany me on that fishing trip (or ballet performance) within the following month.") In unsuccessful marriages, coercion, withdrawal, and retaliatory behavior are more common. Presumably, the rejected wife in the example above must take the "positive risk" of changing her behavior (that is, making a positive move toward her mate before expecting one from him). In behavioral terms, she must be willing to give reinforcement before receiving it. The consequences of her behavioral change increase the likelihood of a "positive risk" from her spouse. The new social exchange reshapes and redefines their relationship.

In troubled relationship, according to Stuart, the couple is "locked into" a problematic pattern of interaction, each requiring a change in the other before changing his or her own behavior. Stuart proposes that the couple make explicit reinforcement contracts with each other,

5 From "Behavioral Approaches to Family and Couple Therapy", by R.P. Liberman, American Journal of Orthopsychiatry, 1970, 40(1), 106-118. Copyright © 1970 by the American Orthopsychiatric Association, Inc. Reproduced by permission.

negotiating exchanges of desired behavior. Restating negative statements and complaints in terms of specifically desired positive behavior (wife: "I would like you to spend at least 30 minutes with the children before their bedtime"; husband: "I would like you to have dinner on the table within 15 minutes after I arrive home"), each person records the frequency with which the other completes the desired behavior. Stuart even suggests a token system, somewhat in the style of hospital token economy programs, to facilitate behavioral change. The husband may earn tokens for conversing with his wife, let us say, for at least 10 minutes of each hour (these criteria can be negotiated depending on circumstances). Conversation tokens accumulated by the husband could later be redeemable for increased physical affection and sexual activity. Kickok and Komechak (1974) have reported the use of a token system to monitor and then begin to change the undesirable, mutually provocative behavior in a couple contemplating divorce. Each partner was taught how he or she previously had been inadvertently reinforcing precisely that behavior in the other that he or she had so strongly criticized.

Considerable behavioral work, following a social learning model, has been directed at child-management problems within a family. Rather than dealing therapeutically with the family as a dysfunctional social system, this approach attempts to reprogram the social environment (Patterson, McNeal, Hawkins & Phelps, 1967) in an effort to socialize the disturbed behavior of a child within the family. Such an effort typically teaches social learning principles such as modeling and the use of social reinforcers directly to parents to apply at home, utilizing their daily contact with the child to act as change agents (or, in a sense, as behavior therapists) in bringing about a modification of the child's undesirable behavior (Berkowitz & Graziano, 1972).

Social learning theory, when applied to families, emphasizes that parents control many of the contingencies influential in the child acquiring and maintaining certain behavior patterns, and therefore are logically in a position to change that behavior, if properly taught to do so. In Families, Patterson (1971) outlines some procedures for parents to acquire "behavior management skills" in order to carry out good child management. Presumably, in many well-run homes managed by adults, these skills occur "naturally", that is, without deliverately following a prescribed program. For those less fortunate, Patterson spells out a plan for parents - observing behavior to establish a baseline, pin-pointing the specific behavior they wish to change, observing and graphing one's own behavior, negotiating a contract with the child, and so on. Figure 5-5 represent a checklist constructed for a boy who displayed a wide range of out-of-control behavior. The parent/child contract, developed together, stipulated the former would check with the teacher daily to get the necessary information and would provide the consequences for the child's behavior (no dishwashing chores, allowed to watch TV and so on). These consequences included mild but fair punishment

DAVE'S PROGRAM

	M	T	W	T	F	S	S
Gets to school on time (2)	2						
Does not roam around room (1)	0						
Does what the teacher tells him (5)	3						
Gets along well with other kids (5)	1						
Completes his homework (5)	2						
Work is accurate (5)	3						
Behavior on the schoolbus is OK (2)	2						
Gets along well with brother and sisters in evening (3)	0						
TOTAL	13						

1. If Dave gets 25 points, he doesn't have to do any chores that night and he gets to pick all the TV shows for the family to watch.

2. If Dave gets only 15 points, he does not get to watch TV that night.

3. If Dave gets only 10 points, he gets no TV and he also has to do the dishes.

4. If Dave gets only 5 points or less, then he gets no TV, washes the dishes, and is grounded for the next two days (home from school at 4:00 and stays in yard).

FIGURE 5-5. A parent child negotiated contract checklist indicating specific duties to be performed and a point system based on the degree of goal achievement. (From Families: Application of Social Learning to Family Life, by G. R. Patterson. Copyright 1971 by Research Press Company. Reprinted by permission.)

for continued problem behaviors in addition to providing the aforementioned "payoffs" for adaptive behavior. In establishing the contract, the child helps set the "price" in points for each item, sees the results daily (the program is posted in a conspicuous place at home, such as the refrigerator door), and negotiates the backup reinforcers (for example, TV programs) for the accumulated points.

Recent research (Arnold, Levine & Patterson, 1975) suggests that the behavior of siblings as well as that of an identified problem child need to be altered by parent-training programs, because a family may contain more than one "deviant" child, although only one child may be so labeled by the parents. If only one child is treated, siblings may continue to "trigger" the problem child's deviant behavior, thus counteracting the possible positive effects of the parents' management program. These researchers were able to plot positive changes in the siblings of socially aggressive boys, as well as these boys themselves, when parents were trained in social learning techniques of child management. As most family therapists of whatever theoretical persuasion ultimately conclude, effective treatment requires changes in the family system.

SUMMARY

Four theoretical models of family interaction are differentiated in this chapter. Family psychodynamic theory, based largely on a psychoanalytic model, stresses an interlocking pathology in famlily relationships. Many early family therapists, such as Ackerman and Bowen, began with this theoretical framework, developing concepts couched in psychoanalytic terms while attempting to view the family as an ongoing system. Family communications theory emphasizes the central role of faulty, contradictory, or double-bind messages in a dysfunctional family relationship. Its leading advocates are Jackson (communication and family homeostatic balance), Haley (sturggle for power and control in every communication message), and Satir (family communication roles). Structural family theory, as proposed by Minuchin, takes a holistic view of the family's organization as the determining factor in its transaction patterns. Here the focus is on the relationship between various subsystems within a family, the flexibility of boundaries, and the family's ability to reorganize and accommodate to changing stages of development. Family behavior theory utilizes learning theory principles such as positive reinforcement and shaping to explain how certain maladaptive behavior patterns developed between family members. Liberman, Stuart, and Patterson are leading behavior therapists who use these same principles to guide families to alter their reinforcement behavior.